



----- For Office Use Only -----

DATE/AMOUNT: _____

CLASS/GROUP/CAT: _____

BUSINESS NO: _____

BUSINESS LICENSE & TAX CERTIFICATE APPLICATION

990 Palm Street / P.O. Box 8112 - San Luis Obispo, CA 93403-8112 – (805) 781-7134

Application for: New Business Change of Business Name Change of Location Change of Ownership

Business Name _____ Phone _____
Email _____

Legal Status of Business: Corporation Partnership Sole Proprietor

Business Location _____ Suite No. _____ City _____ State _____ Zip _____
PO Box addresses cannot be accepted as business locations – If your business is located in San Luis Obispo, please complete the last page of this application.

Mailing Address _____ Suite No. _____ City _____ State _____ Zip _____

Owner/Contact Name _____

Federal Employer/Social Security No. _____ State Sales Tax No. _____

State Franchise No. _____ Business Open Date _____

Type of Business:

- Retail Professional Service Contractor (State Licensed) Lic. No. _____
- Manufacturing/Processing/Wholesale Recreation/Education/Public Assembly Agriculture
- Transportation/Communication Property Rental (Residential) Property Rental (Non-Residential)
- Other _____

Describe your business. Include the types of goods or services offered.

Are you selling or offering the following services or products?:

- Tobacco Massage Therapy Filming Sales on Streets & Sidewalks Soliciting

Are you doing business from your home? Yes No

Applicant / Representative: I reviewed this application and the information is accurate to the best of my knowledge. I understand the issuance of a business license & tax certificate does not constitute proof of compliance with other city, county, state, and federal regulations.

Signed _____ Title _____ Date _____

City of San Luis Obispo Finance & IT Department

Please send remittance to: P.O. Box 8112 San Luis Obispo, CA 93403-8112

We are located at: 990 Palm Street San Luis Obispo, Ca 93401-3249

We are open to serve you from 8:00 AM to 5:00 PM Monday through Friday (except holidays)

Have a question? Phone us at: 805-781-7134 Email us at: bt@slocity.org Fax us at: 805-781-7401
Telecommunications Device for the Deaf: 805-781-7410

For information about the City or to complete a business tax application visit our Website at: www.slocity.org

The business tax certificate must be renewed annually by July 31 or the business owner will be considered in violation of the City's Municipal Code and penalties will be assessed. Additionally, late charges of 1.5% of the outstanding balance or \$10.00, whichever is greater, apply to all account balances when payment is not received within 30 days and will be reassessed each 30 days thereafter when a balance remains outstanding. All returned checks will be assessed a service charge and the certificate will be nullified.

Zoning & Building Clearance - For Businesses within the City of San Luis Obispo

Your Business Tax Certificate Renewal will not be processed until your business location has been approved. Please contact the Community Development Department at (805) 781-7172 or visit us at 990 Palm Street for assistance in filling out this form.

Business Name: Business Address:

Contact Name: Daytime Phone:

IF ONLY THE BUSINESS NAME OR OWNERSHIP HAS CHANGED YOU MAY STOP HERE. FOR ALL OTHER CHANGES PLEASE COMPLETE FILLING OUT THIS FORM IN ITS ENTIRETY.

Former Tenant: Describe Adjacent Tenants:

Type of business (check one):

- Service, Retail Sales, Lodging, Agriculture, Office, Transportation & Communications, Recreation, Education, & Public Assembly, Industry, Manufacturing /or Processing, Wholesaling, Home Occupation (any business operated out of a residence); Date applied for:

Fully describe your business (Include the types of goods or services offered, number of employees both on and off-site, extent of customer visitation, and any known nuisance created by business activities (i.e. noise, odors or waste products))

Extent of alterations/tenant improvements planned:

Is your business located on: Ground Floor Upper Floor

Are you sharing space with another existing business? If yes, with whom?

Are you operating as an independent contractor leasing space at an existing business? If yes, with what business?

Approx. floor area occupied by your business sq. ft. Area devoted to outdoor storage sq. ft.

Total number of off-street parking spaces provided exclusively for the business*:

*If the business shares off-street parking with other business please provide a running total of the site's parking requirements, maintained by the property owner.

STAFF USE ONLY

What zone is this business in? Occupancy Class:

Total number of off-street parking spaces required by the City:

Zoning Regulations Classification:

Is this business allowed in this zone? Yes, permit not required Yes, as this is a tenant change without change of use category.

Yes, with a permit; Date Approved:

Approved By: (Planning) (Date) (Building) (Date)

Notes to file: