



# CITY OF SAN LUIS OBISPO

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

DATE/AMOUNT: \_\_\_\_\_

CLASS/GROUP/CAT: \_\_\_\_\_

BUSINESS NO: \_\_\_\_\_

## Business License & Cannabis 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 \_\_\_\_\_ Website \_\_\_\_\_

Ownership Status:     Public     Private

Ownership Type:  Corporation  Partnership  Sole Proprietor  Employee Owned  Trust  Other \_\_\_\_\_

Business Location \_\_\_\_\_ Suite No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PO Box addresses cannot be accepted as business location

Location Type:  Commercial     Home Occupation     Industrial     Residential

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 \_\_\_\_\_

Bureau of Cannabis Control License No. \_\_\_\_\_

**NAICS Coding:** Please check the category(ies) that best describe your business activity.

Local Messengers and Local Delivery (492210)  Other \_\_\_\_\_

Please provide a detailed description of the nature of your business, including products or services offered.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you selling or offering the following services or products other than cannabis?

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 \_\_\_\_\_