



TOWN OF COLMA

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2017 BUSINESS REGISTRATION APPLICATION REGISTRATION FEE: \$26.00

BUSINESS NAME	
BUSINESS ADDRESS IN COLMA	
IF NO PHYSICAL ADDRESS IN COLMA, MAILING ADDRESS OF BUSINESS	
BUSINESS PHONE	BUSINESS FAX
PLEASE PROVIDE AN E-MAIL ADDRESS TO BE USED AS PRIMARY METHOD OF COMMUNICATION.	
TYPE OF PRIMARY BUSINESS	

THIS BUSINESS REGISTRATION IS FOR REVENUE PURPOSES ONLY, AND DOES NOT IMPLY COMPLIANCE WITH APPLICABLE CITY CODES AND ORDINANCES. YOUR BUSINESS LOCATION AND STRUCTURE MUST BE IN COMPLIANCE WITH THE TOWN'S ZONING CODES. THIS BUSINESS REGISTRATION MUST BE RENEWED ANNUALLY.

I DECLARE UNDER PENALTY OF PERJURY, THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENTS MADE HEREIN ARE TRUE, AND THAT I HAVE REVIEWED THE DISABLED ACCESS INFORMATION PROVIDED WITH THIS APPLICATION.

SIGNATURE OF APPLICANT _____ DATE _____

TYPE OR PRINT NAME _____ TITLE _____

PHONE NUMBER OF PERSON COMPLETING THIS FORM _____

THE FOLLOWING INFORMATION IS REQUIRED ONLY FOR A BUSINESS LOCATED IN COLMA

DATE BUSINESS OPENED IN COLMA _____		
BUSINESS IS A HOME OCCUPATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, YEAR HOME OCCUPATION USE PERMIT WAS APPROVED _____		
NUMBER OF EMPLOYEES IN COLMA, INCLUDING OWNER	BUSINESS HOURS	
FULL TIME _____ PART TIME _____	M-F _____ SAT. _____ SUN. _____	
EMERGENCY CONTACT NAME	EMERGENCY PHONE NUMBER	E-MAIL ADDRESS
LOCAL MANAGER		
ALTERNATE 1		
LOCATION OF UTILITIES AND HAZARDOUS MATERIALS		
ELECTRICAL PANEL	GAS SHUT OFF VALVE	
SPRINKLER CONNECTION/VALVES		
DO YOU HAVE A SECURITY ALARM <input type="checkbox"/> YES <input type="checkbox"/> NO COMPANY _____		PHONE _____
LIST HAZARDOUS MATERIALS AND LOCATION		
OTHER MISC INFO: (INCLUDE HOLIDAYS YOU ARE CLOSED, ADDITIONAL CONTACT PERSON, ETC.)		

Office Use Only – Reviewed:
City Planner _____ Date _____ Registration Number 2017- _____