



TOWN OF COLMA

1198 El Camino Real • Colma, California 94014-3212
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2020 BUSINESS REGISTRATION APPLICATION

REGISTRATION FEE: \$29.00

BUSINESS NAME	
BUSINESS ADDRESS IN COLMA	
MAILING ADDRESS OF BUSINESS	
BUSINESS PHONE	E-MAIL ADDRESS (PRIMARY METHOD OF COMMUNICATION)
TYPE OF BUSINESS	ALL PRIMARY STATE INDUSTRIAL CLASSIFICATION CODE (SIC CODES)
IS THE BUSINESS ENROLLED WITH THE NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) PERMIT PROGRAM? <input type="checkbox"/> Yes (COMPLETE REVERSE SIDE OF APPLICATION) <input type="checkbox"/> No	

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 FULL TIME _____ PART TIME _____	BUSINESS HOURS M-F _____ SAT. _____ SUN. _____	
EMERGENCY CONTACT NAME	EMERGENCY PHONE NUMBER	E-MAIL ADDRESS
LOCAL MANAGER		
ALTERNATE 1		
LOCATION OF UTILITIES AND HAZARDOUS MATERIALS		
DO YOU HAVE A SECURITY ALARM <input type="checkbox"/> Yes <input type="checkbox"/> No	COMPANY _____	PHONE _____
LIST HAZARDOUS MATERIALS AND LOCATION		

Office Use Only:
Zoning District: _____ <input type="checkbox"/> PERMITTED USE <input type="checkbox"/> USE PERMIT _____
City Planner _____ Date _____ Registration Number 2020- _____

NPDES PERMIT INFORMATION

SB 205 REQUIRES THAT ALL BUSINESSES ENROLLED IN THE NPDES PERMIT PROGRAM PROVIDE THE INFORMATION BELOW. THIS INFORMATION WILL BE KEPT ON FILE AND, IF REQUESTED, BE TRANSFERRED TO THE STATE WATER RESOURCES CONTROL BOARD. PLEASE CONTACT THE TOWN AT (650) 757-8898 IF YOU HAVE ANY QUESTIONS.

BUSINESS NAME
BUSINESS ADDRESS
ALL PRIMARY STANDARD INDUSTRIAL CLASSIFICATION CODES (SIC CODES)

ANY OF THE FOLLOWING FOR THE BUSINESS LISTED ABOVE:

WATER DISCHARGER IDENTIFICATION NUMBERS OR APPLICATION NUMBERS (WDIDs)
NOTICE OF NONAPPLICABILITY IDENTIFICATION NUMBERS (NONAs)
"NO EXPOSURE" CERTIFICATION IDENTIFICATION NUMBERS (NECs)

Office Use Only:

Is this business regulated by the Industrial General Permit of the NPDES Permit Program? YES NO