



## 2021 BUSINESS REGISTRATION APPLICATION

REGISTRATION FEE: \$29.00

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

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 ( <b>COMPLETE REVERSE SIDE OF APPLICATION</b> ) <input type="checkbox"/> No	

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 <b>IN COLMA</b>	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. _____	
<b>EMERGENCY CONTACT NAME</b>	<b>EMERGENCY PHONE NUMBER</b>	<b>E-MAIL ADDRESS</b>
LOCAL MANAGER		
ALTERNATE 1		
<b>LOCATION OF UTILITIES AND HAZARDOUS MATERIALS</b>		
DO YOU HAVE A SECURITY ALARM <input type="checkbox"/> Yes <input type="checkbox"/> No	COMPANY _____	PHONE _____
LIST HAZARDOUS MATERIALS AND LOCATION		

<b>Office Use Only:</b>
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