



# SAN RAFAEL

THE CITY WITH A MISSION

1400 Fifth Avenue, San Rafael, CA 94901  
Phone (415) 485-3051 FAX (415) 485-3100

Please Check One  
NEW APPLICATION   
CHANGE

## BUSINESS LICENSE APPLICATION - PROPERTY PLEASE TYPE OR PRINT CLEARLY

### 1 CONTACT INFORMATION

Business Name \_\_\_\_\_

Owner(s) \_\_\_\_\_

Physical Address (not P. O. Box) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bus. Phone ( ) \_\_\_\_\_ Bus. Fax ( ) \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_ Website \_\_\_\_\_

### 2 ADDITIONAL INFORMATION

Federal ID No. \_\_\_\_\_

State ID No. \_\_\_\_\_

### 3 OWNERSHIP

- Corporation  LLC  LP  
 Partnership  Sole Proprietor  Trust

### 4 TAX STATUS

- For Profit  Non-Profit  
**Proof of non-profit status required**

### 5 PURCHASE DATE

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

### 6 CONFIDENTIAL INFORMATION *List proprietor or partners; corporate officers are optional. Add additional sheet if needed.*

Owner Name \_\_\_\_\_ Title \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Home Address \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Driver License No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

Owner Name \_\_\_\_\_ Title \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Home Address \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Driver License No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

### 7 THIRD PARTY PROPERTY MANAGER *If applicable.*

Owner Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Address \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:

The Division of the State Architect at [www.dgs.ca.gov/dsa/Home.aspx](http://www.dgs.ca.gov/dsa/Home.aspx).  
 The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov).  
 The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov).

### REFERRING TO TAX SCHEDULE, PLEASE FILL IN THE APPROPRIATE BOXES AND SIGN.

**Payment can be made using major credit cards. If you choose, please provide the following information and mail or fax with your completed application. Fax No. (415) 485-3100**

Cardholder Name \_\_\_\_\_  
 Cardholder No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

|   |           |           |
|---|-----------|-----------|
| 2017 Estimated Gross Receipts (assuming 12 months of operation) | \$        | 8         |
| 2014-2016 Gross Receipts (if applicable)                        | \$        | 9         |
| No. of Taxable Units (if applicable)                            |           | 10        |
| Processing Fee  | \$        | 11        |
| 2017 Tax  | \$        | 12        |
| 2017 Penalty (if applicable)                                    | \$        | 13        |
| 2014-2016 Taxes (if applicable)                                 | \$        | 14        |
| 2014-2016 Penalties (if applicable)                             | \$        | 15        |
| Disability Access Fee (unless tax-exempt)                       | \$ 1.00   | 16        |
| <b>TOTAL AMOUNT DUE</b>   | <b>\$</b> | <b>17</b> |

**18**

I declare under penalty of perjury that to the best of my knowledge the information contained above is true and correct.

Signature \_\_\_\_\_  
 Printed Name \_\_\_\_\_  
 Title \_\_\_\_\_ Date \_\_\_\_\_

*Thank you for doing business in the City of San Rafael!*