

1 Please Check One

NEW APPLICATION
CHANGE
(new owner or location)



SAN RAFAEL

THE CITY WITH A MISSION

BUSINESS LICENSE APPLICATION - IN TOWN

PLEASE TYPE OR PRINT CLEARLY

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

2 CONTACT INFORMATION

Business Name _____
Physical Address (not a P. O. Box) _____
City _____ State _____ Zip _____
Bus. Phone () _____ Bus. Fax () _____
Mailing Address (if different) _____
City _____ State _____ Zip _____
E-mail Address _____
Website _____

3 ADDITIONAL INFORMATION

Non-Profit? Yes No
Federal Tax ID _____
Seller's Pmt. _____
State Lic. No. _____
License Type _____
Exp. Date _____

4 DETAILED DESCRIPTION OF BUSINESS

Include 6-digit NAICS code if known. Examples: dental office 621210, retail sales of home appliances 443111, general building contractor 236115, janitorial service 561720.

Primary Use: _____

Ancillary Use(s): _____
(if applicable)

5 OWNER INFORMATION

Please Check One
 Corporation LLC LLP LP
 Partnership Sole Proprietor Trust

Name of Legal Entity Example: ABC Corporation
(if applicable) _____

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. _____

Referring to Tax Schedule & Instruction Sheet, please fill in appropriate boxes at right.

Payment can be made using all major credit cards. To pay by credit card, please provide the following information:

Card No. _____
Cardholder Name _____ Exp. _____
Signature _____

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

Start/Change Date in San Rafael		
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
Miscellaneous (if applicable)	\$	17
TOTAL AMOUNT DUE	\$	18

19 LAND USE INFORMATION Complete either (a) commercial location or (b) home occupation as applicable.

A COMMERCIAL: There is a one-time, non-refundable processing fee of \$118.00 for new commercial locations.

1. Has there been any construction in this space in the past 3 months or will there be remodeling? Yes No
2. Will you be installing any signs? Yes No A sign permit is required for all signs.
3. Business is located: Front Rear. Floor area in square feet _____
4. Business is located: Second Floor or above. Floor area in square feet _____
5. Number of off-street parking spaces: Total on property _____ Assigned to your business use _____
6. Outside storage? Yes No
7. Number of employees: F/T _____ P/T _____ Number of Agents _____
8. Will you be selling tobacco products? Yes No
9. Will you be selling food products? Yes No If yes, a health permit may also be required from the County.

B HOME OCCUPATION: There is a one-time, non-refundable processing fee of \$88.00 for new home occupations.

Section 14.16.220(C) of the San Rafael Municipal Code regulates businesses based out of the home. Included within these regulations are requirements that no on-site sales occur, no non-resident of the premises is employed on-site, no direct outdoor storage occur, and no increase in pedestrian or vehicular traffic occur as a result of the business. A complete copy of Section 14.16.220(C) is available at the Planning Division or at www.cityofsanrafael.org. By initialing of the application below, you acknowledge the existence of these requirements and agree to comply with them.

Initials: _____ Must be initialed for approval of home occupation.

1. Number of employees on-site (other than self) _____
2. What is the area (in square feet) of your residence? _____
3. What is the area of space (in square feet) used for the business? _____
4. Is any part of the business, including storage, conducted in the garage, accessory buildings, or yard areas? Yes No
5. Vehicle Type _____ License Plate _____ Where is it parked? _____
6. Do clients come to your home? Yes No If so, by appointment? Yes No
7. Where do your clients park? _____
8. Is any merchandise or equipment stored at the residence? Yes No If yes, explain type, location, and quantity: _____

20 PROPERTY OWNER Required for commercial locations; optional for home occupations.

Owner Name _____ Phone () _____

Address _____ Cell Phone () _____

City _____ State _____ Zip _____

21 SIGNATURE

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

Signature _____ Title _____

Printed Name _____ Date _____

Official Use Only	Planning Div. <input type="checkbox"/> Yes <input type="checkbox"/> No _____ / _____
	Zoning _____
	APN# _____

WHAT'S NEXT?

Assuming your application is complete, you will receive a certificate with your license number within a few weeks. Otherwise you might receive a request for additional information or corrected payment.

Your account will also appear in our searchable directory on www.cityofsanrafael.org/businesslicenses.

Several weeks before the end of your license period, we will send you a renewal notice.

If you have a provided an email address, your certificate and renewal notice will each arrive via email. The email address for our division is BLRenewal@cityofsanrafael.org, so please make sure your email account does not treat it as spam.

For various city news items and articles about operating a business, follow us on Twitter [@BLRenewal](https://twitter.com/BLRenewal).

DISABILITY ACCESS NOTICE

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.
- The Department of Rehabilitation at www.rehab.cahwnet.gov.
- The California Commission on Disability Access at www.ccca.ca.gov.