	SAN RAFAEL		USINESS ICATION			Please Check C NEW APPLICAT CHANGE	
	400 Fifth Avenue, San Rafael, CA 94901 ne (415) 485-3051	PLI	EASE TYPE OR I	PRINT CLE	ARLY		
1 CONTACT		ADDITIONAL INFORMATION					
Business Name				Federal ID			
Owner(s)				State ID No	)		
Physical Address (not P. O. Box)							
City	Sta	ite Zi	ip				
Bus. Phone ( )	Bus. Fax(	)					
Mailing Address							
City	Sta	ite Zi	ip				
E-mail Address			Website				
3 OWNERSH	IP 4 1	TAX STATUS		5	PURCHAS	E DATE	
Corporation Partnershi		For Profit	Non-Profit rofit status require			1	
L	TIAL INFORMATION List proprietor or parti				ional sheet if n	eeded	
Owner Name			Title				
Home Address					-	)	
City	Sta	ate	Zip			,	
Driver License No.			Social Security		-		
Owner Name			Title		Phone ( )		
Home Address					Cell Phone (	)	
City	Sta	ite	Zip		-		
Driver License No.			Social Security	No			
	<b>RTY PROPERTY MANAGER</b> If applicable.						
Owner Name Address					Phone ()		
City	Sta	ate	Zip		Cell Phone (	)	
	state law, compliance with disability access la			sponsibility th	- nat annlies to a	Il California buildi	ina
	s with buildings open to the public. You may		•				-
cess laws at the fo	0 0						
	State Architect at www.dgs.ca.gov/dsa/Hom Rehabilitation at www.rehab.cahwnet.gov.	e.aspx.					
· ·	nmission on Disability Access at www.ccda.ca	a.qov.					
	O TAX SCHEDULE, PLEASE F	•	2018 Estimated Gro		\$		8
	PROPRIATE BOXES AND SIGN		(assuming 12 month		\$		
			2015-2017 Gros	ss Receipts (if applicable)	\$		9
	tion with check payable to City of Sa		No. of Ta	xable Units	\$		10
Credit card payments can be made at City Hall. Once your account is activated, online payments can be made via credit				(if applicable)	•		
card or eCheck	•		Proc	essing Fee	\$		1
				2018 Tax	\$		12
18			2	018 Penalty (if applicable)	\$		13
	analty of norium, that to the best of my kr	nowledge the	2015	-2017 Taxes	\$ \$		14
I declare under penalty of perjury that to the best of my knowledge the information contained above is true and correct.				(if applicable)	\$		v
Signature			2015-201	7 Penalties	\$ \$		15
Printed Name				(if applicable)	⊅ \$		
Title	Date		Disability (unle	Access Fee ss tax-exempt)	\$	4.00	16
Thank you fo	r doing business in the City of Sav	r Rafael!	TOTAL AMO	• •	\$		1
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