

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		
2018 Estimated Gross Receipts (assuming 12 months of operation)	\$	8
2015-2017 Gross Receipts (if applicable)	\$	9
No. of Taxable Units (if applicable)		10
Processing Fee	\$	11
2018 Tax	\$	12
2018 Penalty (if applicable)	\$	13
2015-2017 Taxes (if applicable)	\$	14
2015-2017 Penalties (if applicable)	\$	15
Disability Access Fee (unless tax-exempt)	\$	4.00 16
Miscellaneous (if applicable)	\$	17
<b>TOTAL AMOUNT DUE</b>	<b>\$</b>	<b>18</b>

**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](http://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 \_\_\_\_\_

<b>Official Use Only</b>	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](http://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](mailto: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.

**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](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.ccca.ca.gov](http://www.ccca.ca.gov).