



SAN RAFAEL

THE CITY WITH A MISSION

1400 Fifth Avenue, San Rafael, CA 94901
Phone (415) 485-3053 FAX (415) 485-3100

BUSINESS LICENSE APPLICATION - OUT OF TOWN

PLEASE TYPE OR PRINT CLEARLY

Please Check One
NEW APPLICATION
CHANGE

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. _____

Resale No. _____

State Lic. No. _____

License Type _____

Expiration Date _____

3 OWNERSHIP

- Corporation LLC LLP LP
 Partnership Sole Proprietor Trust

4 TAX STATUS

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

5 START DATE IN SAN RAFAEL

____ / ____ / ____

6 DETAILED DESCRIPTION OF BUSINESS Include 6-digit NAICS code if known.

Examples: contractor, janitorial service, interior design, peddler, real estate agent, etc.

Note: Additional permits are required for businesses such as massage and peddling.

7 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. _____

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.cdda.ca.gov.

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

Payment can be made using most major credit cards. If you choose, please provide the following information and mail or fax with your completed application. Fax: (415) 485-3100

Cardholder Name _____

Card No. _____ Exp. _____

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

Signature _____

Printed Name _____

Title _____ Date _____

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

License Duration (circle one) ANNUAL QUARTERLY **8**

Estimated Gross Receipts \$ _____ **9**

No. of Employees working in San Rafael F/T _____ P/T _____ **10**

No. of Vending Machines _____ **11**

No. of Amusement Machines _____ **12**

Tax \$ _____ **13**

Penalty (if applicable) \$ _____ **14**

Disability Access Fee (unless tax-exempt) \$ 4.00 **15**

TOTAL AMOUNT DUE \$ _____ **16**