



----- For Office Use Only -----

DATE/AMOUNT: _____

BUSINESS NO: _____

BUSINESS LICENSE & TAX CERTIFICATE APPLICATION

990 Palm Street / P.O. Box 8112 - San Luis Obispo, CA 93403-8112 – (805) 781-7134

Application for: New Business Change of Business Name Change of Location Change of Ownership

Business Name _____ Phone _____

Email _____ Website _____

Ownership Type: Corporation Partnership Sole Proprietor

Business Location _____ Suite No. _____ City _____ State _____ Zip _____

PO Box addresses cannot be accepted as business locations – If your business is located in San Luis Obispo, please complete the last page of this application.

Mailing Address _____ Suite No. _____ City _____ State _____ Zip _____

Owner/Contact Name _____

Federal Employer/Social Security No. _____ State Sales Tax No. _____

State Franchise No. _____ Business Open Date _____

Type of Business:

Retail Professional Service Contractor (State Licensed) Lic. No. _____

Manufacturing/Processing/Wholesale Recreation/Education/Public Assembly Transportation/Communication

Agriculture Property Rental (Residential) Property Rental (Non-Residential) Other _____

Please provide a detailed description of the nature of your business, including products or services offered.

Are you selling or offering the following services or products?:

Tobacco Massage Therapy Filming Sales on Streets & Sidewalks Soliciting

Are you doing business from your home? Yes No

Applicant / Representative: I reviewed this application and the information is accurate to the best of my knowledge. I understand the issuance of a business license & tax certificate does not constitute proof of compliance with other city, county, state, and federal regulations.

Signed _____ Title _____ Date _____



ZONING & BUILDING CLEARANCE

Department of Community Development

Tel: (805) 781-7170

Please note that your Business License application will not be processed until your business location has been approved.

Former Tenant: _____ Describe Adjacent Tenants: _____

Extent of alterations/tenant improvements planned: _____

Is your business located on: Ground Floor Upper Floor

Are you sharing space with another existing business? _____ If yes, with whom? _____

Are you operating as an independent contractor leasing space at an existing business? _____ If yes, with what business? _____

Approx. floor area occupied by your business _____ sq. ft. Area devoted to outdoor storage _____ sq. ft.

Total number of off-street parking spaces provided exclusively for the business*: _____

*If the business shares off-street parking with other business please provide a running total of the site's parking requirements, maintained by the property owner.

Estimated numbers of employees: _____ Full-time _____ Part-time _____

Extent of customer visitation: _____

Will your business create any nuisance (i.e. noise, odors, or waste products)? _____ If yes, what kind? _____

STAFF USE ONLY

What zone is this business in? _____ Occupancy Class: _____

Total number of off-street parking spaces required by the City: _____

Zoning Regulations Classification: _____

Is this business allowed in this zone? ___ Yes, permit not required ___ Yes, as this is a tenant change without change of use category.

Yes, with a _____ permit; Date Approved: _____

Approved By: _____
(Planning) (Date) (Building) (Date)

Notes to file: _____

Permits, Licenses and Certificates needed:

- Home Occupation Business Tax Downtown Surcharge Change of Location
- Business License Inside City Business License Outside City Other _____

If your business is located in the City of San Luis Obispo, please complete the last page of this application.

Your application cannot be processed without this information.