



CITY OF NOVATO
 922 Machin Avenue
 Novato, CA 94945-3232
 T: 415/899-8917 F: 415/899-8215
www.novato.org

Business License No. _____

APPLICATION FOR BUSINESS LICENSE

A BUSINESS LICENSE is issued as a receipt for payment of the city tax and **does not automatically approve establishment** of a business within the community. New business applications, modification to or relocation of existing businesses must meet requirements of all applicable laws and regulations. Contact the appropriate agency to assure this stipulation has been met. A sales tax may apply to your business activities. _____ (initial)

I. BUSINESS DATA All boxed items are public information. Fictitious name filed on: _____

Business Name _____		Business Phone (____) _____		Start Date _____	
Business Location (not P.O. box) _____			City _____		State _____ Zip _____
Mailing Address _____			City _____		State _____ Zip _____ SS _____
EMAIL address: _____			Website: _____ SS _____		
Type/Nature of Business/Activity (please specify the exact nature of the business and all the related activities of this business)					

Total # of Owners & Employees _____ Total # of Rental Units (If Applicable) _____
 Type of business space: Office Retail sales floor Warehouse Storage yard Residence

Selling tobacco or tobacco-related products? Yes No
 Has business plan been submitted to County Health Department (Food Industry) Yes No Certificate# _____

II. OWNERSHIP TYPE: Corporation LLC Partnership Sole Proprietor

Check 1: Tax I.D. #, or Social Security # _____

Owner's Name _____	Home Phone (____) _____
Home Address _____ City _____ State _____ Zip _____	

(For additional owner/partner, please list owner information on item II above on the back page)

III. EMERGENCY CONTACT: Name _____ Phone (____) _____

IV. APPLICABLE LICENSE DATA (Please write N/A if not applicable to your business or "in process")

Contractor's Lic. / Professional / Certif # _____ Exp Date _____ Seller's Permit/ Sales Tax # _____

V. FEE - Payable to the CITY OF NOVATO (Refer to Business License Fee/Rate Schedule)

VI. I hereby certify under penalty of perjury that the information provided in this application is true and I am in compliance with all applicable state and county ordinances governing my business.

Authorized Signature _____ Date _____
 Print Name _____ Title _____

OFFICE USE ONLY

AP # _____	Bldg. Code Class _____	Application Fee _____	NAICS Code: _____
Land Use _____	Zoning _____	H.O.P. Fee _____	
Planning Approval _____		Bus. Lic. Fee _____	
Home Occupation Permit # _____		Additional Employee/owner _____	
Special limitations _____		Police Permit Fee _____	Total _____
_____ Out of City _____		Receipt # _____	Date _____ By _____