



CITY OF NOVATO
922 Machin Avenue
Novato, CA 94945
415/899-8917

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 \_\_\_\_\_
\*(If different from above address) EMAIL address: \_\_\_\_\_
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
Use or Storage of hazardous materials?  Yes  No
If yes, has business plan been submitted to Office of Waste Management?  Yes  No
Date plan was submitted to Office of Waste Management \_\_\_\_\_ Approved?  Yes  No (If yes, # \_\_\_\_\_)
Has business plan been submitted to County Health Department (Food Industry)  Yes  No

II. OWNERSHIP TYPE: Corporation  LLC  Partnership  Sole Proprietor

Check 1:  Federal ID No., or  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. No. \_\_\_\_\_ Seller's Permit/ Sales Tax # \_\_\_\_\_
Professional Lic./Cert. No. \_\_\_\_\_ State Employer #(EDD) \_\_\_\_\_

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 \_\_\_\_\_