



CITY OF EL PASO DE ROBLES

"The Pass of the Oaks"

2821 Pine Street, Ste. A, Paso Robles, CA 93446 • (805) 237-3999 • FAX (805) 237-6565

BUSINESS LICENSE APPLICATION

- New Application
- Change of Owner
- Change of Address
- Change of Bus Name/Activity
- HOME OCCUPATION

It is the business owner's responsibility to notify the license office immediately if there are any changes to the business entity from the information submitted on this application to the License Office. Business license tax is paid for the fiscal year July 1st through June 30th. It is the business owner's responsibility to renew the business license each fiscal year. • PLEASE TYPE OR PRINT CLEARLY •

Business Name / DBA _____ Business Location _____ <small>Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5</small> Mailing Address _____ City _____ State _____ Zip _____ Description of Business Activity in Detail _____ _____ _____ Email _____ Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> Corp-Ltd Liability <input type="checkbox"/> Partnership <input type="checkbox"/> Sole <input type="checkbox"/> Trust <input type="checkbox"/> Proprietor	Bus. Start Date _____ Phone No. _____ Fax No. _____ Federal ID No. _____ State ID No. _____ Resale No. _____ State Contractor No. _____ License Class _____ Expire Date _____ Gross Receipts _____ Number of Units _____ APN # _____ Contact Preference: <input type="checkbox"/> Mail <input type="checkbox"/> Email
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Owners, Partners, or Corporate Officers (Attach Additional Sheet If Necessary)

Owner Name _____ Title _____ Home Address _____ <small>Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5</small> Owner Name _____ Title _____ Home Address _____ <small>Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5</small>	Phone No. _____ Date of Birth _____ Driver Lic No. _____ Soc. Sec. No. _____ Phone No. _____ Date of Birth _____ Driver Lic No. _____ Soc. Sec. No. _____
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Additional Contact Information (Attach Additional Sheet If Necessary)

Contact Name _____ Phone No. _____
 Address _____

SIGNS: Any signs either building mounted or freestanding must go to the Development Review Committee for approval. Please contact the Planning Division at (805) 237-3970 for information on applying for a sign permit.

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 - The Department of Rehabilitation at www.rehab.ca.gov - The California Commission on Disability Access at www.cdda.ca.gov.

ACCEPTANCE OF PAYMENT DOES NOT CONSTITUTE APPROVAL OF BUSINESS LICENSE. AUTHORIZATION TO CONDUCT BUSINESS IS NOT GRANTED UNTIL ISSUANCE OF LICENSE.

I declare, under the penalty of making a false declaration, that I am authorized to complete this form and to the best of my knowledge and belief it is true, and correct, and complete statement, made in good faith. I understand and agree that the granting of this license requires my compliance with all applicable Paso Robles Municipal Code Provisions, state laws and all conditions set forth above.

Signature of Applicant: _____ Date: _____

For Office Use Only

Bus. License No. _____

Recovery Fee	\$ 12.00
State CASp Fee	\$ 1.00
License Fee	
Total Fees	

Credit Card Cash
 Check No.: _____

Planning Dept Approval

Date: _____
 Comments: _____
