



CITY OF EL PASO DE ROBLES

The Pass of the Oaks"

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

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

BUSINESS LICENSE APPLICATION

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 _____	Bus. Start Date _____
Business Location _____ <small>(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)</small>	Phone No. _____
_____	Fax No. _____
City State Zip	Email Address _____
Mailing Address _____	Resale No. _____
_____	Federal ID No. _____
City State Zip	State ID No. _____
Description of Business _____	State Contractor No. _____
Activity in Detail _____	License Class _____
Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Corp-Ltd Liability <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust	Expire Date _____

• IT IS MANDATORY THAT YOU LIST YOUR FEDERAL EMPLOYERS ID NUMBER OR IF NONE, YOUR SOCIAL SECURITY NUMBER •

Owners, Partners, or Corporate Officers - Please enter a persons name - Use additional sheets as necessary.

Owner Name _____	Title _____	Phone No. _____
Home Address _____ <small>(Cannot be P.O. Box)</small>		Date of Birth _____
		Driver Lic. No. _____
		Soc. Sec. No. _____
Owner Name _____	Title _____	Phone No. _____
Home Address _____ <small>(Cannot be P.O. Box)</small>		Date of Birth _____
		Driver Lic. No. _____
		Soc. Sec. No. _____

In case of emergency, please contact (attach additional sheet, if necessary)

Contact Name _____ **Phone No.** _____

Address _____

Alarm Company, if applicable (attach additional sheet, if necessary)

Company Name _____ **Phone No.** _____

Address _____ **License No.** _____

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.

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.

WORKERS' COMPENSATION INSURANCE: Proof of workers compensation insurance is required if you now have or will have one or more employees during the period of this license. Please attach a valid Workers' Compensation Certificate (certificate must show policy number and policy period which includes the term of the Business License) or Certificate of Self Insurance.

• IF YOU DO NOT HAVE EMPLOYEES, PLEASE SIGN THE CERTIFICATION BELOW •

I certify that in the performance of work for which this license is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California.

Date: _____ Signature: _____

Gross Receipts _____

Number of Units _____

FOR OFFICE USE ONLY

Bus. License No. _____

SIC/NAIC CODE _____

State CASp Fee	\$ 1.00
Total Fees	\$ _____

Cash Check No. _____

Visa / M/C _____

PLANNING DEPT. APPROVAL

Date: _____

Comments: _____

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: _____

Thank you for doing business in the City of Paso Robles!