



# 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

## BUSINESS LICENSE APPLICATION

Bus. License # \_\_\_\_\_

- 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 \_\_\_\_\_ Bus. Start Date \_\_\_\_\_

Business Location \_\_\_\_\_ Phone No. \_\_\_\_\_  
*Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5*

Mailing Address \_\_\_\_\_ Fax No. \_\_\_\_\_  
 City State Zip Federal ID No. \_\_\_\_\_

State ID No. \_\_\_\_\_

Detailed Description of Business Activity \_\_\_\_\_ Resale No. \_\_\_\_\_

State Contractor No. \_\_\_\_\_

License Class \_\_\_\_\_

Expire Date \_\_\_\_\_

Gross Receipts \_\_\_\_\_

Email: \_\_\_\_\_ Number of Employees \_\_\_\_\_

Ownership:  Corporation  Corp-Ltd Liability  Partnership  Trust  Sole Proprietor Number of Units \_\_\_\_\_

Short-Term Rental Type:  Homeshare  Non-Hosted Accommodation Contact Preference:  Mail  Email

### Owners, Partners, or Corporate Officers (Attach Additional Sheet If Necessary)

Owner Name \_\_\_\_\_ Title \_\_\_\_\_ Phone No. \_\_\_\_\_

Home Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
*Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5*

Driver Lic No. \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_

Owner Name \_\_\_\_\_ Title \_\_\_\_\_ Phone No. \_\_\_\_\_

Home Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
*Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5*

Driver Lic No. \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_

### 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.

**FIRE INSPECTION:** The Fire Department will be inspecting all new commercial business locations inside the City limits upon approval of the new business license application. Please contact Emergency Services at (805) 227-7560 for information regarding fire inspections.

**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](http://www.dgs.ca.gov/dsa/Home.aspx) - The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov) - The California Commission on Disability Access at [www.cdda.ca.gov](http://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	\$ 2.00
State CASp Fee	\$ 4.00
License Fee	_____
Other Fee	_____
Total Fees	_____

- Cash
- Check No.: \_\_\_\_\_
- Credit Card Auth: \_\_\_\_\_

### Planning Dept Approval

Date: \_\_\_\_\_ By: \_\_\_\_\_

Comments: \_\_\_\_\_