



CITY OF SAND CITY

1 Sylvan Park • Sand City, CA 93955
Phone (831) 394-3054 • Fax (831) 394-2472

BUSINESS LICENSE APPLICATION

Please Check One:

- NEW BUSINESS
- CHANGE OF OWNER
- CHANGE OF ADDRESS
- CHANGE OF BUSINESS NAME
- HOME OCCUPATION BUSINESS
- ONE-TIME JOB IN SAND CITY

PLEASE TYPE OR PRINT CLEARLY:

• FOR CITY USE ONLY •

Business Name _____
(Include DBA)

Business Location _____
(Not P. O. Box)

City _____ State _____ Zip _____

Mailing Address _____
(If Different)

City _____ State _____ Zip _____

Bus. Phone () _____ Bus. Fax () _____

E-Mail Address _____

Business Start Date: _____	Description of Business: _____
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BUSINESS LICENSE NO. _____

EXPIRATION DATE _____

AMOUNT PAID \$ _____

DATE PAID _____ **CASH** **CHECK**

RECEIPT NO. _____

CITY APPROVALS • SIGN & DATE

APPROVED:	SIGNED:
Planning: YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
Building: YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
Fire: YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
Health: YES <input type="checkbox"/> NO <input type="checkbox"/>	_____

Ownership: Corporation Limited Liability Corp. Partnership Sole Proprietor Trust Limited Partnership

State Lic. No. _____ **Lic. Type** _____ **Expiration Date** _____ **Zoning Permit Issued?** YES NO

Resale No. _____ **Federal I.D. No.** _____ **State I.D. No.** _____

ENTER BELOW NAMES OF OWNERS, PARTNERS, OR CORPORATE OFFICERS - Attach additional page if necessary

Primary Business Contact Person Name _____ **Phone ()** _____

Owner Name _____ **Title** _____ **Phone ()** _____

Home Address _____ **Cell Phone ()** _____

City _____ State _____ Zip _____

Driver's License No. _____ **Social Security No.** _____

Owner Name _____ **Title** _____ **Phone ()** _____

Home Address _____ **Cell Phone ()** _____

City _____ State _____ Zip _____

Driver's License No. _____ **Social Security No.** _____

EMERGENCY CONTACT: (Person with building access)

Name _____ **Title** _____ **Phone ()** _____

Address _____ **Cell Phone ()** _____

ALARM COMPANY: (If applicable)

Name _____ **Contact** _____ **Phone ()** _____

Address _____ **License No.** _____

NEW BUSINESS:
Estimated Gross Receipts from Opening Date through June 30 of the Current Fiscal Year \$ _____

EXISTING BUSINESS:
Total Gross Receipts from July 1, _____ through June 30, _____ (year) (year) \$ _____

ONE-TIME JOB ONLY:
Estimated Total Gross Receipts from one-time job only \$ _____

If your principal business is inside of Sand City, PLEASE CALCULATE AMOUNT DUE BELOW:

GROSS RECEIPTS FEE First \$100,000 of receipts	\$ 150.00
Balance over \$100,000 x .0011	\$ _____
TOTAL GROSS RECEIPTS FEE	\$ _____

No. of Units: _____ **Business Square Feet:** _____

No. of Employees: Full-time _____ Part-time _____

No. of Coin-Operated Machines: _____

No. of Vehicles: _____ **Vehicle License No.** _____
(Attach additional page if necessary)

License Fee	\$ _____
Employee / Units / Vehicle Fee	\$ _____
Other Fees	\$ _____
Penalty Fee, if applicable	\$ _____
TOTAL AMOUNT DUE	\$ _____

PLEASE COMPLETE ADDITIONAL INFORMATION ON REVERSE SIDE ➔