

**CITY OF SANTA MARIA BUSINESS LICENSE APPLICATION**

(Please Type or Print)

Business Name: \_\_\_\_\_

Business Location: \_\_\_\_\_ ( )  
Number Street City State Zip Code Local Telephone No.

Mailing Address: \_\_\_\_\_  
Number Street City State Zip Code

Business Description (Include type of goods or services offered, products manufactured and stored, number of employees, business hours, wholesale or retail, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Lease Space Square Footage \_\_\_\_\_

California Resale No: \_\_\_\_\_ Social Security No./Federal I.D. No: \_\_\_\_\_

State Contractor No: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Ownership: Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Agent for Process \_\_\_\_\_

Owner Name/Title: \_\_\_\_\_ ( )  
Last First Middle Telephone No.

Address Residence: \_\_\_\_\_  
(No P. O. Boxes) Number Street City State Zip Code

Owner Name/Title: \_\_\_\_\_ ( )  
Last First Middle Telephone No.

Address Residence: \_\_\_\_\_  
(No P. O. Boxes) Number Street City State Zip Code

Emergency Contact (Confidential - To be used by Police and Fire):

Name: \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_

I hereby certify under penalty of perjury that the foregoing information is true and correct:

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_ Driver's License \_\_\_\_\_ Date of Birth \_\_\_\_\_

Office Use Only (Community Development Department, 110 South Pine #101, Santa Maria, CA 93458)

**ZONING INFORMATION:** Zoning Review \$ \_\_\_\_\_

Business is located in \_\_\_\_\_ zone.

Location out of City \_\_\_\_\_ Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

**BUILDING INFORMATION:** Existing Use \_\_\_\_\_ Proposed Use \_\_\_\_\_

Building Type: \_\_\_\_\_ Sprinklered Yes No C of O \$ \_\_\_\_\_

Occupancy Group: \_\_\_\_\_ Seating Capacity: \_\_\_\_\_ Fire Inspection \$ \_\_\_\_\_

Change of Occupancy: \_\_\_\_\_ Building Inspection \$ \_\_\_\_\_

Scheduled Inspection Date: \_\_\_\_\_ TOTAL FEE \$ \_\_\_\_\_

Access/Contact Person: \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_

Office Use Only (Business License Section, 110 East Cook Street, Room 5, Santa Maria, CA 93454)

NEW CHANGE Effective Date: \_\_\_\_\_ Account Number: \_\_\_\_\_

Application Fee: \$ \_\_\_\_\_ Current Year Tax: \$ \_\_\_\_\_ Other \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

Class SIC Code Units Persons Gross Receipts Initial