



CITY OF SANTA MARIA

110 E Cook Street, Room 6, Santa Maria, CA 93454

805-925-0951 ext. 2422 • FAX 805-925-2243

BUSINESS LICENSE APPLICATION

Business License # _____

- New Application
- Change of Address
- Change of Business Name

Business Name: _____

Business Location: _____
Number Street City State Zip Code Local Telephone No.

Mailing Address: _____
Number Street City State Zip Code

Primary Contact E-Mail Address: _____

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

California Resale No: _____ Federal I.D. No: _____

State Contractor No: _____ Class: _____ Expiration Date: _____

WDID # _____ SIC Code _____ Lease Space Square Footage _____

Ownership: Sole Proprietor Partnership Corporation Agent for Process _____

<i>Primary Owner</i> Name/Title: _____		Phone No. _____
Address Residence: _____ (No P. O. Boxes)		Date of Birth: _____
City, ST. Zip _____		Driver Lic No.: _____
		Soc. Sec. No.: _____
<i>Secondary Owner</i> Name/Title: _____		Phone No. _____
Address Residence: _____ (No P. O. Boxes)		Date of Birth: _____
City, ST. Zip _____		Driver Lic No.: _____
		Soc. Sec. No.: _____

Emergency Contact (Confidential – To be used by Police and Fire):
Name: _____ Phone No.: _____

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

Signature of Applicant

Date

Office Use Only (Community Development Department):
ZONING INFORMATION: Zoning Review: \$ _____
 Business is located in _____ zone.
 Location out of City. Approved by: _____ Date: _____

BUILDING INFORMATION:
Existing Use _____ Proposed Use _____
APN # _____ Permit # _____ C of O \$ _____
Building Type: _____ Sprinklered Yes No **Fire Inspection \$** _____
Occupancy Group: _____ Area/ Occupancy Load: _____ **Building Inspection \$** _____
Change of Occupancy: _____ **TOTAL FEE \$** _____
Scheduled Inspection Date: _____
Access/ Contact Person: _____ Telephone Number: _____

Office Use Only (Finance Department):
 NEW CHANGE
Effective Date: _____
Account No.: _____
Application Fee: \$ _____
Current Tax Years: \$ _____
Other \$ _____
TOTAL \$ _____
Class # of Employees Units
Staff Initial: _____