BUSINESS LICENSE APPLICATION

1. All questions on this form must be answered or designated not applicable (N/A), as appropriate.
2. Additional information may be required pursuant to City of Campbell Title 5.
3. State mandated notices that may affect your business may be reviewed at statebusinessnotices.hdlgov.com.
4. In order to comply with requirements of the State Controller's Office under Revenue & Tax Code Sec 19286.8, business licenses cannot be issued without this information.
5. Sales or use tax may apply to your business activities. You may seek written advice regarding the application of tax to your particular business by writing to the nearest State Board of Equalization office. For general information, please call the Board of Equalization at 1-800-400-7115.
6. Businesses must limit operations between the hours of 6 a.m. and 11 p.m. unless a Conditional Use permit is obtained through the City for extended hours of operation. Excludes home based businesses. Hours of operation for all businesses must not be in conflict with other City regulations.

Business Information

Business Name _____

Business Address _____ Mailing Address _____

(Cannot be a PO Box) _____ _____

Business Phone _____ Email _____

Federal Tax ID/SSN _____ State Employer ID _____

Type of Business

_____

# of Employees, including owner(s) _____

Business Owner Information

Owner's Name _____ Home Address _____

Phone Number _____ _____

Type of Ownership: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Trust ☐ LLC

Additional Questions – fill in as appropriate:

☐ Commercial
Check one: ☐ Retail ☐ Wholesale
☐ Professional
☐ Mfg/Industrial Product(s) _____
☐ Vending Machines # of Machines _____
☐ Amusement Devices # of Devices _____

☐ Apartments # of units_____
☐ Trailer Courts # of units_____
☐ Hotels # of units_____
☐ Mobile Home Parks
# of units _____
☐ Retirement Inns
# of units _____

☐ Taxicabs/Limousines
# of Vehicles _____
☐ Exempt from Fee – Nonprofit
☐ Day Care
# of Children _____

I declare under penalty of perjury that the foregoing is true and correct and if called a a witness I could competently testify to the facts contained herein. Executed this _____ day of _____, 20___, in the City of Campbell, County of Santa Clara.

SIGNED: _____ TITLE: _____

FOR OFFICE USE ONLY:

State ADA Fee - $4.00 Planning Business License Zone Clearance Fee - $82/$253 Parcel # _____

Amount Paid: Business License Tax _____ Rental Dispute Fee _____ Receipt # _____ Date Paid _____

City of Campbell - Business License Additional Questions

All fields must be completed. Put N/A if the question does not apply.

Question	Answer
1. Business Overview	
Type of Ownership	Sole Proprietorship ☐ Corporation ☐ LLC ☐ Partnership ☐ Trust ☐
Number of Employees	
Hours of Operation (e.g. 8:00am to 6:00pm)	
Note: Operational hours include hours your business is open to customers ***AND*** when employees are working on-site. Hours between 11:00pm and 6:00am are considered "late-night hours" and requires a Conditional Use Permit.	
2. Regulated Activites	
Do you sell tobacco products?	Yes ☐ No ☐
If YES, complete a separate Tobacco Retailer Permit form and bring a copy of your State Tobacco License.	
Do you sell alcohol?	Yes ☐ No ☐
Are you a used-car dealer?	Yes ☐ No ☐
Are you an Adult-Oriented business?	Yes ☐ No ☐
Does the business involve the production of cannabis?	Yes ☐ No ☐
Is this business engaged in a licensed healthcare activity and/or a licensed healthcare provider as defined by the California Department of Consumer Affairs?	Yes ☐ No ☐
California Massage Therapy Council (CAMTC) Certification:	
Contractor State License Number:	
Class:	
Expiration Date:	

3. Stormwater/NPDES Permit

Has your business obtained an Industrial NPDES Permit?	Yes ☐ No ☐
If YES, please provide applicable information about the existing Industrial Stormwater NPDES Permit below. If NO, and it is determined that your business requires such a permit, you will need to start the process of obtaining a Stormwater Industrial General Permit by contacting the State Water Resources Control Board.	
WDID#	
WDID Application #	
NONA ID#	
NEC ID#	

4. Other Permits

Are there any other permits associated with this business (existing or proposed)?	Yes ☐ No ☐
If YES, please list the permit(s):	

5. Ownership & Tenant Improvements

Is this business undergoing an ownership change at the provided business address?	Yes ☐ No ☐
Are you proposing any tenant improvements or remodeling?	Yes ☐ No ☐
Are you subdiving a tenant space?	Yes ☐ No ☐
How many stories is the building?	
If the building has more than one (1) story, does it have an elevator?	Yes ☐ No ☐
Do you have a land use/planning entitlement?	Yes ☐ No ☐
If YES, what is the file #?	

6. Hazardous Materials & Building Use

Are you storing Hazardous Materials?	Yes ☐ No ☐
What is the previous use/occupancy of the location?	
Will the building or building interior change/alter from the existing condition (excluding flooring & painting)?	Yes ☐ No ☐

Does the business involve any of the following uses/conditions/materials?		Yes ☐ No ☐
Assembly over 50 people	Day Care	Institutional Facility
Educational Facility	Dry Cleaning	Compressed Gases
High-rise Building	High-piled Storage	Industrial/Commercial Oven
Dust Producing Operations	Woodworking	Lumber yard
Spray Painting	Welding and/or cutting	Repair Garage
Tire Recapping	Auto Wrecking Yard	Service Station
Underground Tanks	Hazardous Material Storage	Explosive Agent(s)
What is the gross floor area of your tenant space (measured from exterior wall to exterior wall)?		

7. Business Operations

Please provide details on the business model and describe the operations that will take place at this location. For example, will this space be used as an office or for storage, manufacturing, etc.?

Provide the square footage allocated to each use (e.g. how much area is used for an office, storage, manufacturing, etc.).