



CITY OF EL PASO DE ROBLES

"The Pass of the Oaks"

1000 Spring Street, Paso Robles, CA 93446 • (805) 237-3999 • FAX (805) 237-6565

Business License Tax Certificate 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 _____ Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5	Phone No. _____
Mailing Address _____ City _____ State _____ Zip _____	Fax No. _____
Detailed Description of Business Activity _____ _____ _____	Federal ID No. _____
Email _____	State ID No. _____
Ownership: ☐ Corporation ☐ Corp-Ltd Liability ☐ Partnership ☐ Trust ☐ Sole Proprietor	Resale No. _____
Short-Term Rental Type: ☐ Homeshare ☐ Non-Hosted Accommodation	State Contractor No. _____
	License Class _____
	Expire Date _____
	Gross Receipts _____
	Number of Employees _____
	Number of Units _____
	Contact Preference: ☐ Mail ☐ Email

Standard Industrial Classification Number (SIC #)

A valid SIC # must be entered in order for your application to be complete. A full list is available at:
<https://www.osha.gov/pls/imis/sicsearch.html>

Are you a business that is a regulated industry with storm water discharge requirements in accordance with the SB205 NPDES permit program? Yes ☐ No ☐. If yes, please provide the NPDES/WDID # below.

NPDES / WDID Permit # _____

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

Owner Name _____	Title _____	Phone No. _____
Home Address _____ Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5		Date of Birth _____
		Driver Lic No. _____
		SSN/ITIN _____
		Other ID No. _____
Owner Name _____	Title _____	Phone No. _____
Home Address _____ Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5		Date of Birth _____
		Driver Lic No. _____
		SSN/ITIN _____
		Other ID No. _____

Additional Contact Information (Attach Additional Sheet If Necessary)

Contact Name _____	Phone No. _____
Address _____	

Please complete the back of this page.



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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 - The Department of Rehabilitation at www.dor.ca.gov - The California Commission on Disability Access at 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: _____

Per AB 2184, you may protect your residential address by providing a different Service of Process address in accordance with Sections 16000.1(a)(2) and 16100.1(a)(2) of the Business and Professions Code. To do so, please fill out the section below.

SERVICE OF PROCESS ADDRESS, PURSUANT TO AB2184 - AVAILABLE FOR PUBLIC INSPECTION

If you wish to protect your residential address with a different service of process address, please provide it here.

NOTE - if your service of process address is a post office box or private mailbox, it must comply with paragraph(2) of subdivision (b) of Section 17538.5 of the California Business and Professions Code.

Service of Process Address

Residential Address to protect ☐ Business Location ☐ Mailing Address ☐ Owner/Partner/Officer Address

For Office Use Only

Bus. License No. _____

Recovery Fee \$ 2.00

State CASp Fee \$ 4.00

License Fee

Other Fee

Total Fees

For Office Use Only

☐ Cash

☐ Check No.: _____

☐ Credit Card Auth: _____