



# CITY OF SAUSALITO

## Business Support Center

420 Litho Street • Sausalito, CA • 94965-1933  
 Phone (888)602-0239 • Sausalito@HdLGov.com • FAX (909)348-0465

ACCOUNT #	
NEW	
UPDATE / RE-ACTIVATE	
CLERK INITIALS:	

1) PRINT OR TYPE ONLY      2) DO NOT WRITE IN SHADED AREAS      3) MAKE CHECK PAYABLE TO CITY OF SAUSALITO

A	TYPE CODE	B	TYPE DESCRIPTION	C	DISTRICT	6	BUSINESS START DATE
1	PRIMARY FUNCTION OF BUSINESS					7	IS THIS A HOME BASED BUSINESS? <input type="checkbox"/> YES      NO <input type="checkbox"/>
2	LEGAL ENTITY <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORP/LLC CORP. NAME OR LEGAL OWNER					8	STATE BOARD OF EQUALIZATION SELLERS PERMIT #
3	D.B.A. (NAME OF BUSINESS)					9	STATE LICENSE # <b>10</b> STATE CLASS CODE
4	BUSINESS LOCATION ADDRESS CITY      STATE      ZIP					11	TAXPAYER IDENTIFICATION # (EIN OR SSN)
						12	MAILING ADDRESS CITY      STATE      ZIP
5	BUSINESS PHONE #						OWNER / PRINCIPAL / CORP. OFFICER NAME      TITLE      TELEPHONE #
							HOME ADDRESS      CITY      STATE      ZIP
13	OWNER / PRINCIPAL / CORP. OFFICER NAME						OTHER OWNER / PRINCIPAL / CORP. OFFICER NAME      TITLE      TELEPHONE #
							HOME ADDRESS      CITY      STATE      ZIP
14	OTHER OWNER / PRINCIPAL / CORP. OFFICER NAME						HOME ADDRESS      CITY      STATE      ZIP
15	BUSINESS E-MAIL					16	OWNER DL #

FOR FIRE AND POLICE PROTECTION, LIST TELEPHONE NUMBER OF PERSON(S) TO BE CONTACTED.

SAUSALITO BASED BUSINESSES ONLY	<b>17</b>	EMERGENCY NAME	PHONE #
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<b>18</b>	Gross Receipts	Number of Employees	Number of Units	Number of Vehicles	Square Footage

THE PAYMENT OF A BUSINESS LICENSE DOES NOT RELIEVE THE BUSINESS OF THE REQUIREMENT TO COMPLY WITH OTHER REGULATIONS OF THE CITY, COUNTY, STATE OR FEDERAL GOVERNMENT . I UNDERSTAND THAT THE BUSINESS IS REQUIRED TO NOTIFY THE CITY OF SAUSALITO IF ANY CHANGES ARE MADE TO THE BUSINESS INFORMATION CONTAINED HEREIN. I UNDERSTAND THAT THE CITY OF SAUSALITO DOES NOT WAIVE LATE FEES AND/OR PENALTIES

I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT . I CERTIFY I WILL OPERATE IN ACCORDANCE WITH ALL APPLICABLE LAWS AND REGULATIONS . I UNDERSTAND THAT PROVIDING ANY FALSE STATEMENTS IS IN VIOLATION OF THE CITY OF SAUSALITO MUNICIPAL CODE AND ARE GROUNDS FOR REVOCATION OF THE BUSINESS LICENSE CERTIFICATE . I AUTHORIZE THE CITY OF SAUSALITO AND ITS AGENTS TO SEEK INFORMATION AND/OR CONDUCT AN INVESTIGATION ON THIS APPLICATION AND THE INFORMATION HEREIN.

NOTICE: Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all building owner 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      The Department of Rehabilitation  
 at www.dgsca.gov/dsa/Home.aspx-      at www.rehab.cahwnet.gov  
 The California Commission on  
 Disability Access at www.cceda.ca.gov

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

D	CYCLE CODE	E	EXPIRATION DATE	F	BILL YEAR	G	BILL NUMBER	COMMENTS (FOR OFFICE USE ONLY)
APPROVAL	PLANNING DEPT YES <input type="checkbox"/> NO <input type="checkbox"/>	SIGNED					DATE	
	COMMENTS							
APPROVAL	HEALTH DEPT YES <input type="checkbox"/> NO <input type="checkbox"/>	SIGNED					DATE	
	COMMENTS							
APPROVAL	FIRE DEPT YES <input type="checkbox"/> NO <input type="checkbox"/>	SIGNED					DATE	
	COMMENTS							
APPROVAL	BUILDING & SAFETY YES <input type="checkbox"/> NO <input type="checkbox"/>	SIGNED					DATE	
	COMMENTS							