



City of San Marino

2200 Huntington Drive • City Hall • San Marino, CA 91108-2639
Attn: Bus. License Department • (626) 300-0700
Mon.-Thurs. 7:30 a.m. to 4:00 p.m. • Closed Fridays

- Please Check One
- NEW APPLICATION
 - CHANGE OF OWNER
 - CHANGE OF ADDRESS
 - CHANGE OF BUSINESS NAME
 - HOME OCCUPATION

BUSINESS LICENSE APPLICATION

• OFFICIAL USE ONLY •

ZONING _____

BUSINESS LICENSE NO. _____

EXPIRATION DATE _____

LICENSE FEE \$ _____

TOTAL AMT. PAID \$ _____

DATE PAID _____ CASH / CHECK

SIC CODE _____

RATE TYPE _____

RECEIPT NO. _____

CHECK NO. _____

Business Name _____

Business Location _____
(Not P. O. Box)

City _____ State _____ Zip _____

Mailing Address _____
(If Different)

City _____ State _____ Zip _____

Bus. Phone () _____ Bus. Fax () _____

Start Date _____ E-Mail Address _____

Description of Business _____

Ownership: Corporation Ltd Liability Corp Partnership Sole Proprietor Trust

State Lic. No. _____ License Type _____ Expiration Date _____

Resale No. _____ Federal I. D. No. _____ State I. D. No. _____

Enter below names of Owners, Partners, or Corporate Officers - Use additional sheets as necessary

Owner Name _____ Title _____ Phone () _____

Home Address _____ Cell Phone () _____

City _____ State _____ Zip _____

Social Security No. _____ Drivers License No. _____

Owner Name _____ Title _____ Phone () _____

Home Address _____ Cell Phone () _____

City _____ State _____ Zip _____

Social Security No. _____ Drivers License No. _____

In case of emergency, please contact:

Name _____ Title _____ Phone () _____

Address _____ Cell Phone () _____

Alarm Company (If applicable)

Name _____ Title _____ Phone () _____

Address _____ License No. _____

I declare under penalty of perjury that the vehicles listed herein are owned or operated only by me or my employees as defined in SMCC 11.01.01.

	Vehicle License No.(s)	Make / Color
No. of Employees <input type="text"/>	1.	
No. of Days <input type="text"/>	2.	
No. of Vending Machines <input type="text"/>	3.	
No. of Wheeled Vehicles <input type="text"/>	4.	
	5.	
	6.	
	7.	

Base Fee \$

Additional Fees \$

Employee Fee \$

Vending Machine Fee \$

Vehicle Fee \$

Home Occupation Permit Fee (if any) \$

Penalty (if any) \$

TOTAL AMOUNT DUE \$

Thank you for doing business in the City of San Marino

I DECLARE UNDER PENALTIES OF PERJURY THAT THIS APPLICATION HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE STATEMENT OF FACTS.

Signature of Owner or Officer: _____ Title: _____ Date: _____

RETURN ENTIRE APPLICATION FORM TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO THE CITY OF SAN MARINO