



# City of San Marino

2200 Huntington Drive • City Hall • San Marino, CA 91108-2639  
Attn: Bus. License Department • (626) 300-0700  
Mon.-Fri. 8:00 a.m. to Noon • Tues. 8:00 a.m. to 4:00 p.m.

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

City of San Marino

## BUSINESS LICENSE APPLICATION

• OFFICIAL USE ONLY •

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 \_\_\_\_\_

ZONING \_\_\_\_\_

BUSINESS LICENSE NO. \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

LICENSE FEE \$ \_\_\_\_\_

TOTAL AMT. PAID \$ \_\_\_\_\_

DATE PAID \_\_\_\_\_  CASH /  CHECK

SIC CODE \_\_\_\_\_

RATE TYPE \_\_\_\_\_

RECEIPT NO. \_\_\_\_\_

CHECK NO. \_\_\_\_\_

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.

No. of Employees	Vehicle License No.(s)	Sticker No.
<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