



BUSINESS LICENSE APPLICATION

300 East Branch Street, Arroyo Grande, CA 93420 (805) 473-5400

Please submit remittance to 300 East Branch Street, Arroyo Grande, CA 93420

We are open to serve you from 8:00 AM to 5:00 PM Monday through Friday (except holidays)

Have a question? **Phone** us at: (805) 473-5400 **Email** us at: cschaaf@arroyogrande.org **Fax** us at: (805) 473-0386

For information about the City or to complete a business tax application visit our Website at: **www.arroyogrande.org**

The business tax certificate must be renewed annually by January 1st or the business owner will be considered in violation of the City's Municipal Code and penalties will be assessed. Additionally, late charges of 10% of the outstanding balance apply to all account balances when payment is not received within 30 days and will be reassessed each 30 days thereafter when a balance remains outstanding. All returned checks will be assessed a service charge and the certificate will be nullified.

Application for: **New Business** **Change of Business Name** **Change of Location** **Change of Ownership**

Business Name _____

Phone _____

Email _____ **Website** _____

Ownership Type: **Corporation** **Partnership** **Sole Proprietor** **Employee Owned** **Trust** **Other** _____

Business Location _____ **Suite No.** _____ **City** _____ **State** _____ **Zip** _____

PO Box addresses cannot be accepted as business locations – **If your business is located in Arroyo Grande, please complete the last page of this application.**

Mailing Address _____ **Suite No.** _____ **City** _____ **State** _____ **Zip** _____

Owner/Contact Name _____ **Estimated Number of Employees** _____

Federal Employer/Social Security No. _____ **State License Type:** _____ **Number:** _____

Driver License No. _____ **Business Open Date** _____

Will you operate your business from a home in Arroyo Grande? **Yes** **No**

Will you operate your business in a physical store front location in Arroyo Grande? **Yes** **No**

Are you a contractor? **Yes** **No**

Will your business sell tobacco? **Yes** **No**

Will your business provide massage services? **Yes** **No**

Will your business provide taxi services? **Yes** **No**

Will your business be a mobile vendor? **Yes** **No**

Will your business sell second hand products? **Yes** **No**

Will your business involve door to door soliciting? **Yes** **No**

Will your business involve filming? **Yes** **No**

Are you sharing space with another existing business? **Yes** **No** **If yes, with whom?** _____

Please provide a detailed description of the nature of your business, including products or services offered.

City of Arroyo Grande Business License Application

Zoning & Building Clearance – For Businesses within the City of Arroyo Grande

Your Business License will not be processed until your business location has been approved. Please contact the Community Development Department at (805) 473-5420 or visit City Hall at 300 East Branch Street for assistance in filling out this section.

**IF ONLY THE BUSINESS NAME OR OWNERSHIP HAS CHANGED YOU MAY STOP HERE AND SIGN BELOW.
FOR ALL OTHER CHANGES PLEASE COMPLETE THIS FORM IN ITS ENTIRETY.**

Previous business at this location: _____ Describe adjacent tenants: _____

Extent of alterations/tenant improvements planned: _____

Is your business located on: Ground Floor Upper Floor

Approx. floor area occupied by your business: _____ sq. ft. Area devoted to outdoor storage: _____ sq. ft.

Total number of off-street parking spaces provided exclusively for the business: _____

Do you share off street parking? Yes No

Will your business generate noise, odors or hazardous waste products? Yes No

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: Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx; Department of Rehabilitation at www.rehab.cahwnet.gov; and California Commission on Disability Access at www.cdda.ca.gov.

Applicant/Representative: I reviewed this application and the information is accurate to the best of my knowledge. I understand the issuance of a business license & tax certificate does not constitute proof of compliance with other City, County, State, and Federal regulations. I understand that other permits may be required by the City and/or other agencies and it is my responsibility to comply with these regulations.

Signed _____ Title _____ Date _____

STAFF USE ONLY

Approval Required: Planning Building Police

Land Use Designation _____ Zoning Designation _____

Use allowed in this zone? Yes Yes With Permit: _____ No

Total number of off-street parking spaces required by the City: _____

Occupancy Class _____

Approved By: _____

(Administrative Services)

(Date)

(Planning)

(Date)

(Building)

(Date)

(Police)

(Date)

Date Paid: _____

Base Fee: _____

Receipt No.: _____

Parking Assessment: _____

SIC No.: _____

Other: _____

License No.: _____

Total Payment: _____