



COUNTY OF MARIN
BUSINESS LICENSE APPLICATION
FISCAL YEAR _____ / _____

1. **Business Name** _____

2. **Business Location** _____
Street City State Zip

3. **Business Mailing Address** _____
Street City State Zip

4. **Business Telephone** (_____) _____ **Cell**(_____) _____ **Fax**(_____) _____

5. **Owner(s)** _____ **Driver's License No.** _____
 _____ **Driver's License No.** _____

6. **Owner(s) Address** _____
Street City State Zip

7. **Business Description** _____

8. **Business Type:** Sole Proprietorship Partnership Corporation Other
Social Security No. _____ **Federal Employers ID No.** _____
 Date Business Opened _____

9. **Seller's Permit No.:** _____

10. **State Contractor's License No.** _____ **Contractor's Class #** _____ **Project Cost \$** _____

11. Refer to **BUSINESS LICENSE TAX SCHEDULE (on back of form)** to determine payment required.

Separate application is required for persons / entities engaged in more than one business.

Complete the following which applies to your business:

- a. **General Business** – Classes A,B,C, or D **Class Type** _____
 Gross Receipts for your preceding business year \$ _____ \$ _____
- b. **Delivery Business** – Without Fixed Place of Business in Marin County
 Number and Capacity of Vehicles _____ \$ _____
- c. **Living Accommodations** – Hotel, Motel, Apartment, House for Rent
 Number of Units _____ **Assessor's Parcel Number** _____ \$ _____
- **Vacation Rental (short-term only, 30 days or less) must obtain Transient Occupancy Tax Certificate**
- d. **Other Licenses** – Solicitors, Taxicab, Auctioneers, Christmas Tree Lots
 Describe Business Activity _____ \$ _____

12. †**State Mandated Disability Access and Education Revolving Fund [SB1186]** \$+ _____ **1.00**

TOTAL AMOUNT DUE \$ _____

13. Any food or drink dispensing establishment or restaurant must submit, with this application, a copy of their Health Permit from the Marin County Health Department

14. Is this business a nuclear weapons contractor? Yes No

15. Does this business store or use hazardous materials? Yes No

16. **I hereby certify under penalty of perjury that the information provided in this application is true and in compliance with all applicable state and county ordinances governing my business.**

Authorized Signature _____ Date _____

Print Name _____ **Title** _____

RETURN THIS APPLICATION WITH A CHECK PAYABLE TO: MARIN COUNTY TAX COLLECTOR

SEND TO:

DEPARTMENT OF FINANCE
ATTN: BUSINESS LICENSE
P.O. BOX 4220
SAN RAFAEL CA 94913-4220

<http://www.marincounty.org>

OFFICIAL USE ONLY	
Date Application Rcvd _____	Initials _____
Payment Type: _____	

For questions regarding the application contact the **Business License Division** at **(415) 473-7045**

†"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. The Department of Rehabilitation at www.rehab.ca.gov. The California Commission on Disability Access at www.cdda.ca.gov."