



City of San Bruno
 Finance Dept. – Business Tax
 567 El Camino Real
 San Bruno, CA 94066
 Tel: (650) 616-7083 Fax: (650) 876-0256
www.sanbruno.ca.gov

Account Number: _____

Business Type: In-Town Home-Based

BUSINESS REGISTRATION APPLICATION FOR IN-TOWN AND HOME-BASED BUSINESSES
 Fiscal Year: July 1 through June 30

Business Owner's Information

 Name (_____) _____
Home Phone

 Home Address City/State Zip _____
Fax or Email Address

 Social Security Number _____
Drivers License Number – State

Business Information/Zoning Conformance

 Name of Business (DBA) _____
Business Start Date

 Business Address (Street Name and Suite/Unit #) (_____) _____
Business Phone

 Property Owner's Name (_____) _____
Property Owner's Phone

 Property Owner's Address City/State Zip _____
Property Owner's Signature

 Description of Business (What type of business will be conducted?)

 Business Operating Hours (hours and days of business operation) _____
Approximate Square Footage of Business

 Number of Employees _____
Location of Employee Parking

Will new signs be placed on the property? Yes No If yes, a sign permit shall be approved prior to issuance of business license

Will there be any new construction or remodeling on the property? (Check all that apply) Interior Exterior
 If so, please describe: _____

Type of Ownership: Sole Proprietor Partnership Corporation

 Federal Tax ID Number _____
Sellers Permit (Sales Tax) Number

Home-Based Businesses Only – Check "Yes" for all that apply and provide details. Applicants should review San Bruno Municipal Code section 12.84.130 to ensure the business is a permissible use for residential zoning. Will the business require any of the following?

Deliveries from trucks weighing more than ¾ tons	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Storage/Sale of goods, services or stock	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Storage/use of mechanical electrical equipment	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Alteration of interior/exterior of home	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Employees other than owner	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Working in garage or yard?	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Signs on vehicle/property	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
More than 200 sq. ft. / 10% of home's floor area	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Use of home's garage	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

Corporate Information *(if applicable)*

_____		(____)
Corporate Name		Telephone
_____		(____)
Street Name	Suite/Unit #	Fax
City	State	Zip
		Website

To which address should the following be sent:

Copy of Business License	Home <input type="checkbox"/>	Business <input type="checkbox"/>	Corporation <input type="checkbox"/>
Annual Business Tax Renewal	Home <input type="checkbox"/>	Business <input type="checkbox"/>	Corporation <input type="checkbox"/>

Emergency Local Contact(s)

_____	_____	(____)
Name	Title	Telephone
_____	_____	(____)
Name	Title	Telephone

Does your business have an alarm? Yes No

If yes: _____ (____) Telephone

Alarm Company Name
(This information will be provided to the Police Department in the event of an emergency)

Business Tax Calculation

Tax is based on gross receipts NOT net income or profit. Use tax table to calculate applicable tax.

Fiscal Year Ending	Gross Receipts	Calculated Tax	Penalty	Total
June 30				\$
Prior Years' Summary				\$

	Application Fee	\$	36.00
	Business Compliance Permit Fee <i>(Does not apply to Home Occupation Businesses)</i>	\$	125.00
	Fire Inspection Fee <i>(Does not apply to Home Occupation Businesses - Please note that an additional inspection fee may be necessary)</i>	\$	185.00
	State Mandated Disability Access and Education Revolving Fund ^s	\$	4.00
	Total (sum of all lines minus prior years' summary)	\$	

Certification

I, _____, as an authorized representative of _____, hereby certify, under penalty of perjury, that the information provided herein is true and correct to the best of my knowledge.

Signature _____ Date _____

For City Use Only	
Approvals (sign and date)	
_____ Planning	_____ Building
_____ Fire	_____ Police
Paid: \$ _____	Date: _____

§ On September 19, 2012 Governor Brown signed into law SB-1186 which adds a state fee of \$1 to each application for a local business license or similar instrument or permit, or renewal thereof. Assembly Bill No. 1379 amends this fee to \$4, effective January 1, 2018 through December 31, 2023. The purpose is to increase disability access and compliance with construction-related accessibility requirements, and to develop educational resources for businesses in order to facilitate compliance with federal and state disability laws, as specified. 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:

- The Division of the State Architect: www.dgs.ca.gov/dsa
- The Department of Rehabilitation: www.rehab.cahwnet.gov
- The California Commission on Disability Access: www.cdda.ca.gov