



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 (hrs. and days of business operation) _____ Approx. Sq. 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 I.D. # _____ Sellers Permit (Sales Tax) # _____

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 Business Corporation
 Annual Business Tax Renewal Home Business Corporation

Emergency Local Contact(s)

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

Does your business have an alarm? Yes No

If yes: _____ (____)
 Alarm Company Name Telephone
 (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 th				\$
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>	\$	155.00
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:** _____