



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](http://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  No  \_\_\_\_\_
- Storage/Sale of goods, services or stock Yes  No  \_\_\_\_\_
- Storage/use of mechanical electrical equipment Yes  No  \_\_\_\_\_
- Alteration of interior/exterior of home Yes  No  \_\_\_\_\_
- Employees other than owner Yes  No  \_\_\_\_\_
- Working in garage or yard? Yes  No  \_\_\_\_\_
- Signs on vehicle/property Yes  No  \_\_\_\_\_
- More than 200 sq. ft. / 10% of home's floor area Yes  No  \_\_\_\_\_
- Use of home's garage Yes  No  \_\_\_\_\_

**Corporate Information** *(if applicable)*

Corporate Name	(____) _____ Telephone
Street Name	(____) _____ Fax
City	Suite/Unit #
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>	\$ 155.00
	State Mandated Disability Access and Education Revolving Fund <sup>s</sup>	\$ 1.00
<b>Total (sum of all lines minus prior years' summary)</b>		<b>\$</b>

**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**

<b>Approvals (sign and date)</b>	
_____ <b>Planning</b> _____ _____ <b>Fire</b>	_____ <b>Building</b> _____ _____ <b>Police</b>
<b>Paid:</b> \$ _____	<b>Date:</b> _____

§ 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. 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](http://www.dgs.ca.gov/dsa)  
 The Department of Rehabilitation: [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov)  
 The California Commission on Disability Access: [www.cdda.ca.gov](http://www.cdda.ca.gov)