

City of Guadalupe
918 Obispo Street, Guadalupe, CA 93434
Building & Fire Safety Department
(805) 343-1340 ext 4003



Business License Application

Please complete all items on this form. ***** Allow 10 days for processing this form to all departments.

Name of Business _____

Street Address where the Business is located in this City _____ Business Phone _____

Mailing Address for the Business _____ City _____ Zip code _____

E-mail Address _____

Name of the Principal Owner _____ Second Owner _____

Principal Owner Address _____ City / State _____ Zip code _____ Home Phone _____

Owner Type: Sole Proprietorship _____ Partnership _____ Corporation _____ Other _____

Describe what the Business does or sells _____

Federal Employer No. _____ or Social Security Number _____

Are you required to carry any other license? If so what kind _____ No. _____

How many employees _____ Normal hours of operation _____ Manager's Name _____

Alarm Company _____ Alarm Company's # _____

Owner Testament - I declare the information provided on this license is true and correct

(Signed) _____ Date _____

(To be filled out by City staff)

<p>Public Works Department (Date) _____</p> <p>Sidewalk condition _____</p> <p>Old Signs removed Yes _____ No _____</p> <p>New sign size _____</p> <p>Utilities connected Yes _____ No _____</p> <p>Trash receptacles Yes _____ No _____</p> <p>Neighborhood & Life Safety (Date) _____</p> <p>Services Division</p> <p>First Inspection Fee\$ _____</p> <p>Second Inspection Yes _____ No _____</p> <p>Fee.....\$ _____</p> <p>Third Inspection Yes _____ No _____</p> <p>Fee.....\$ _____</p>	<p>Building & Fire Safety Division (Date) _____</p> <p>Zone District _____</p> <p>CUP required Yes _____ No _____</p> <p>Transfer tax paid Yes _____ No _____</p> <p>Zone Requirements _____</p> <p>Retail sales _____ Wholesale _____ Mfg _____</p> <p>Parking required _____</p> <p>Police Department (Date) _____</p> <p>Alcohol Sold Yes _____ No _____</p> <p>Firearms Present Yes _____ No _____</p> <p>Adult Entertainment Yes _____ No _____</p> <p>Gambling Present Yes _____ No _____</p> <p>Adult Literature Yes _____ No _____</p> <p>Salvage Present Yes _____ No _____</p>
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Applicant: I certify under penalty of perjury that I have read conditions for issuance of a Business License, and I understand that if a permit is issued, I must meet the conditions listed. If the conditions are not met the permit shall be void and the Business must cease immediately. Please return your application with the appropriate license fee promptly. Business License is transferable between owners only. Business License period is July 1st through June 30th each year. Annual renewal is required.

* Gambling operations must show proof of California Gaming Commission Registration.

* All Contractors and sub-contractors must show proof of workers comp certificate and liability insurance upon applying for a Business License.

Permit Approvals

Police Chief _____ Fire Chief _____ Finance Director _____

Date: _____ Date: _____ Date: _____

Total Cost Fee \$ _____

Receipt Code _____