

Business License Number					

Business License Application

NOTICE: Issuance of a business license does not allow you to engage in business where your operation would be in violation of other city ordinances. Chapter 19-3 of the Salinas City Code provides that licenses are subject to all city regulations, including those pertaining to health and safety, use of property and zoning. You are urged to check with the appropriate city departments for further information about these regulations prior to paying your licenses.

Print or type all applicable info	rmation					
☐ Corporation Corporate Name: _						
☐ Sole Proprietorship	☐ Partnership	☐ Non-Profit Org. (Exempt)	LIC			
Business Name (doing business a	is)					
Business Description (detailed so	ummary)					
Business Address (address, city,	state, zip code) [☐ Home based business? - Home Occupation Permit require	ed			
Mailing Address if different from	n above (address, city	/, state, zip code)				
Estimated Gross Receipts (12 months) Sales Tax No(Section 19-23 Sales Tax No. is required)						
Opening Date	Business Phor	ne Fax No				
No. of W2 employees	No. of W2 employees (SSN, FEIN) State Contractors No					
E-Mail Address:						
Owner or Officer Name(s)/Title) :					
Name		Address (City, State, Zip code)	Phone			
Name		Address (City, State, Zip code)	Phone			
Applicant Signature		Print (Signature Name)	Date			
The business lice	ense and proces	ssing fee are to be submitted with this app	olication.			
For Internal use only: License tax:	Ord Section	License expiration date				
		License expiration date _				
_	4.00					
License Fee due:		Processed by				