CITY OF SALINAS

Finance Department
65 W Alisal St., Salinas CA 93901-2639
MAIL TO: 200 Lincoln Ave., Salinas CA 93901
(831) 758-7211 8:00 a.m. – 5:00 p.m. M-F
www.ci.salinas.ca.us

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 information

☐ Corporation Corporate Name: _____

☐ Sole Proprietorship ☐ Husband & Wife Sole Proprietorship ☐ Partnership ☐ Non-Profit Org. (Exempt) ☐ LLC

Business Name (doing business as) _____

Business Description (detailed summary) _____

Business Address (address, city, state, zip code) ☐ Home based business? - Home Occupation Permit required

_____

Mailing Address if different from 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 Phone _____ Fax No. _____

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

Type Name Here
_____
Applicant Signature Print (Signature Name) Date

The business license and processing fee are to be submitted with this application.

For Internal use only:

License tax: _____ Ord. Section. _____ License expiration date _____

Processing fee: 5.50 Bus. Type _____

ADA State fee: 4.00

License Fee due: _____ Date fee paid _____ Processed by _____