**City of Sausalito**
**Business License Processing Center**
**P.O. BOX 27947**
**Fresno, CA 93729-7947**
**800-987-0999**

# Business License Application/Renewal

**Year:** _____

**Account No.** _____
**Business Name** _____
**Business Phone** _____
**Business Description** APT BLDG
**Business Class Code** APT
**Business Address** _____ **Mailing Address** _____
_____ _____

**Apartment Business License**
Please write the number of apartment rental units within the City of Sausalito, multiply by the indicated rate, then add any other applicable charges and write the total amount due in the area below.

Number of Rental Units **X** $20.00 = **$**

SB1186 Fee: $ 1.00
Plus Processing Fee: $15.00

Current Year Amount Due:

**Total Amount Due:** **$**

| PLEASE LIST RENTAL PROPERTY ADDRESS BELOW | |
|---|---|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |

***Payment is considered delinquent if not postmarked by January 31, 2013, and is subject to penalty charges.***

This is to acknowledge I am the owner of the business declared above. I am paying the current year license fee. I understand that if I submit false information, it is a violation of the city ordinance and will be held responsible to the fullest extent.

Owner's Name _____
(please print)

Signature _____ Date _____

* Please see declaration of information on the backside for explanation of the SB1186.

# City of Sausalito
# Declaration of Information

Please complete this form in its entirety as it applies to your business activity in the City of Sausalito. If you need any assistance completing this application, please contact a MuniServices Representative, Monday through Friday, 8:00am to 5:00pm Pacific Time at 800-987-0999

## Section I Variable Information

Business Name | Phone # | Fax #

Business Address | City | State | Zip

Mailing Address (if Different) | City | State | Zip

E Mail Address (Optional)

Owner Name | Phone #

Owner Address | City | State | Zip

SSN/FEIN # | SEIN #

State Resale License # | Contractor License #

**Start Date of Business (In Sausalito):** _____

**Is this a New Business?** ☐ **YES** ☐ **NO** **Home Based Business?** ☐ **YES** ☐ **NO**

**Number of Employees:** _____

**Description of Business:** _____

_____

## Section II SB1186 Information

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 at www.dgs.ca.gov/dsa/Home.aspx
- The Department of Rehabilitation at www.rehab.cahwnet.gov
- The California Commission on Disability Access at www.ccda.ca.gov

## Section III Certifications

*I certify under the penalty of perjury that the information in Section 1 is accurate and correct to the best of my knowledge and belief.*

Signature of person authorized to sign for firm | Date | Phone Number

Title | FEIN or Social Security Number