

CITY OF MOUNTAIN VIEW
 ATTN: BUSINESS LICENSE
 POST OFFICE BOX 7540
 MOUNTAIN VIEW, CA 94039-7540
BusinessLicense@mountainview.gov
 650-903-6317



APPLICATION FOR BUSINESS LICENSE

This application must be filed with the Finance and Administrative Services Department and the applicable Business License Tax paid prior to the commencement of the business.

PLEASE PRINT

Business Name		Business Address (P.O. Box Address NOT acceptable) * If more than one location, list all locations in Mtn. View on a separate sheet	
Business Description		STREET ADDRESS _____ CITY _____ STATE ____ ZIP CODE _____	
Mailing Address (If Different than Business Address) ADDRESS _____ CITY _____ STATE ____ ZIP CODE _____		Business Telephone No. (____) _____	Annual Gross Receipts (Revenue) <input type="checkbox"/> \$0 - \$5,000 – <input type="checkbox"/> \$5,001 or more COMPLETE AFFIDAVIT
Name of Owner of Business		NAICS Code (6 digits)	MV Code (4 digits)
Home Address of Owner ADDRESS _____ CITY _____ STATE ____ ZIP CODE _____		First Date of Work in Mountain View (MM/DD/YY)	Business Address Sq. Ft. (inside Mt. View only)
Home Telephone No. (____) _____		No. of Rental Units	Federal Tax ID
Total No. of Employees Reported to Employment Development Dept.		Contact Person's Name	
Type of Ownership: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Nonprofit – COMPLETE AFFIDAVIT <input type="checkbox"/> LLC <input type="checkbox"/> LLP		Business E-mail	
FOR BUSINESSES LOCATED OUTSIDE OF MOUNTAIN VIEW			
		No. of Employees Who Come to Mountain View to Do Work per Year: _____	
		No. of Days per Year Employees Work in Mtn. View: <input type="checkbox"/> 0-5 <input type="checkbox"/> 6-64 <input type="checkbox"/> 65-129 <input type="checkbox"/> 130+	

THIS INFORMATION IS NOT A COMPLETE LISTING OF CLEARANCES THAT MIGHT BE REQUIRED

1. If you intend to alter, remodel, relocate, or install any structural, electrical, plumbing, or mechanical portions of the building, you will need to obtain building permits from the Building Inspection Division of the Community Development Department at 650-903-6313.
2. Businesses involving any use changes, exterior building changes, or sign changes are advised to secure Community Development Department approval prior to lease execution or purchase. Contact the Community Development Department at 650-903-6306.
3. Businesses operated out of the home must comply with Home Occupation Regulations (Section 36.28.75 of the City Code).
4. If you intend to serve food or beverages on the premises, you must obtain approval from the Santa Clara County Health Department (408-918-3400). Provide a copy of your Health Certificate with your business license application.
5. If your business uses or stores hazardous materials (including paints, thinners, solvents, acids, compressed gases, etc.), you may be required to obtain a Hazardous Materials Permit from the Fire Department. **NOTE:** Certain hazardous materials and processes such as spray-painting, welding, etc., are NOT ALLOWED in certain buildings. Contact the Fire Department at 650-903-6378 for information on permitted uses within the City.
6. Industries discharging processed wastewater down the sewer, such as machining fluid, water from glass washing, chemical neutralization, etc., may be required to obtain a Wastewater Discharge Permit from the Fire Department. For more information, call 650-903-6378.
7. Police Department approval is required for live entertainment, gaming, massage establishments, and outcall massage services. For more information, call 650-903-6350. Police Department Approval: _____
8. If there is a change of ownership, business name, or business location, you are required to obtain a new business license and are subject to any associated fees and approvals. For more information, contact the Finance and Administrative Services Department at 650-903-6317.

NOTICE: I understand that payment of this business tax does NOT represent approval of my use/business with respect to zoning, County Health Department approval, hazardous materials use or storage, wastewater discharge, or any other requirement. Further, I recognize that it is my responsibility to secure appropriate clearances and that it is advisable for me to secure such requisite approvals prior to establishing this business and paying this business tax.

Applicant's Signature _____ Date _____

FOR CONTRACTORS – License No. _____ FOR HOME OCCUPATIONS

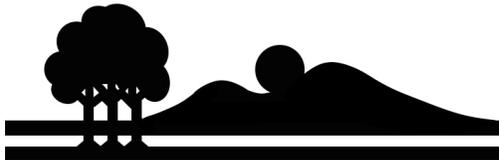
I herewith certify that I have been licensed pursuant to the provisions of Chapter 9 of Division 3 of the Business and Professions Code of the State of California and that my license is in full force and effect.

I am aware of the nine restrictions on "Home Occupations" per Section 36.28.75 of the City Code and will conform thereto if this license is granted.

Signature _____ Signature _____

FOR OFFICE USE					Approved for Use		
Date Paid _____	Cashier Initial _____	Receipt No. _____	Total Paid _____				
Tax _____	Penalty _____	Interest _____	AB 1379 _____	BID 1 _____	BID 2 _____	Planner Signature	Print Initial Date

BUSINESS LICENSE INFORMATION IS PUBLIC RECORD



AFFIDAVIT

The following information pertains to your claim for exemption for **either**:

- (1) The business license tax based on your business' annual gross receipts being \$0 to \$5,000 (complete Nos. 1 through 7 below); or
- (2) The qualified nonprofit organization (complete Nos. 1 through 6 and No. 8 below).

Please complete the following information, sign and date this affidavit, then return to the City of Mountain View with your completed forms.

- 1. Business Name _____
- 2. Business Location _____
- 3. Business License Number _____
- 4. First Date of Work in the City of Mountain View _____
- 5. Number of employees reported to Employment Development Department _____
- 6. Description of your business (what do you do?) _____

- 7. Gross receipts for most recent calendar year (actual or estimated)
 - a. Year _____
 - b. Amount \$ _____ Actual Estimated
- 8. For qualified nonprofit exemption, do you have an IRS Determination Letter (e.g., 501(c)(3)) confirming this exemption?
 Yes No (If yes, please provide copy of IRS letter with this form.)

AFFIDAVIT: I certify, under penalty of perjury, the information I provided above is true and correct, to the best of my knowledge.

Printed Name

Position Title

Signature

Date (mo./ day/year)