

CITY OF MOUNTAIN VIEW
 ATTN: BUSINESS LICENSE
 POST OFFICE BOX 7540
 MOUNTAIN VIEW, CA 94039-7540
finance@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) STREET ADDRESS _____	
Business Description		CITY _____ STATE ____ ZIP CODE _____	
Mailing Address (If Different than Business Address) ADDRESS _____		Business Telephone No. (____) _____	Annual Gross Receipts (Revenue) <input type="checkbox"/> \$5,000 or less – COMPLETE AFFIDAVIT <input type="checkbox"/> \$5,001 or more
CITY _____ STATE ____ ZIP CODE _____	NAICS Code (6 digits)	MV Code (4 digits)	
Name of Owner of Business		Date Business Started in Mountain View (MM/DD/YY)	No. of Employees (including owner)
Home Address of Owner ADDRESS _____		No. of Rental Units	Business Address Square Footage
CITY _____ STATE ____ ZIP CODE _____		Contact Person's Name	Contact Person's Phone No. (____) _____
Home Telephone No. (____) _____	Number of Work Days in the City (Businesses located outside of Mountain View only)	<input type="checkbox"/> 0-5 Days <input type="checkbox"/> 6-64 Days <input type="checkbox"/> 65-129 Days <input type="checkbox"/> 130+ Days	State Sales Tax No. (CA Seller's Permit No.)
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 _____	

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

- 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.
- 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.
- Businesses operated out of the home must comply with Home Occupation Regulations (Section 36.28.75 of the City Code).
- 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.
- 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.
- 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.
- 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: _____
- 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 _____	Planner Signature _____	Print Initial _____	Date _____
Tax _____	Penalty _____	Interest _____	AB 1379 _____			
			BID 1 _____			
			BID 2 _____			

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 \$5,000 or less (complete Nos. 1 through 7); or (2) the qualified nonprofit organization (complete Nos. 1 through 6 and No. 8).

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. Year business began
5. Number of employees (including the owner)
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?
Yes No (If yes, please provide copy of 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)