City of Sausalito Business License Finance Department 420 Litho Street Sausalito, CA 94965 800-987-0999



Business License Application/Renewal

			Year:			
Account No. Business Name Business Phone Business Description Business Class Code Business Address	RESIDENT SERVE	NG	Mailing Add	ress		
	DECLARATIO	N OF GROSS REC	EIPTS FOR ANNUA	AL BUSINESS	S LICENSE	
	ware, drugs, stationer e stations, bakery, ca ners s receipts from the p	ry, books, sporting go andy, florist, photogra previous license year,	oods, restaurants, coff aphy, furniture, theate in the below area, m	er, appliances,	variety, yacht brokers	s, consultants
1. Gross Receipts up to	o \$500,000	\$	X	.00113 =	S	
2. Gross Receipts ove	r \$500,000	\$	X	.00075 =	\$	
			Plus P	istration Tax: SB1186 Fee: rocessing Fee: Amount Due:	\$100.00 \$ 1.00 \$ 15.00	
option.	et to pay an optional fy the eligibility of the		c Classification B gro	ss receipts amo	ount.	
Business De						
	Optional annual	l fee for Professional		Ψ330.00		
			SB1186 Fe Plus Processing Fee			
			Total Amount Du	Φ2.66.00		
Daymant	is considered deline	quent if not postmark			navalty abaycas	
This is to acknowledge I receipts based on actual information, it is a violating the second s	am the owner of the numbers reported to t	business declared aborthe IRS on revenue for	ve. I am paying the cu the Prior year. I unde	rrent year licenerstand that if I s	se fee and have stated	my gross
Owner's Name					Dete	
		(Please print)			Date	
Signature						

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



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?	Home B	Based Business?	☐ YES ☐ NO
Number of Employees:			
Description of Business:			
Section II SB1186 In	nformation		
Under federal and state law, compliance with disability access laws		nificant responsibi	lity that applies to all California

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 informat	tion in Section 1 is accurate and corr	rect 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		