



CITY OF MORRO BAY

City Hall
 Administrative Services Division
 595 Harbor Street
 Morro Bay, CA 93442
 (805) 772-6294

BUSINESS LICENSE APPLICATION

Basic Tax	\$
Misc. Fee	\$
Total Amount Due	\$
Date Paid	
Check/CC	

Application for: New Business Change of Business Name Change of Location
 Change of Ownership Home Occupation

Business Name:	Bus. Start Date:
Corporate Name (if applicable):	Phone No.:
Business Location (cannot be P.O. Box per State of California Business & Professions Code – Section 17538.5):	Fax No.:
Mailing Address:	Email Address:
Description of Business:	Contractors: <input type="checkbox"/> Annual <input type="checkbox"/> One Job <i>Note: We will need a copy of your State Contractors Card</i>
Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> Corp-Ltd Liability <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust	One-Job Location:

On September 19, 2012, Governor Brown signed into law SB-1186 which adds a state fee of \$1 on any application for a local business license or similar instrument or permit, or renewal thereof. The purpose is to increase disability access and compliance with construction-related accessibility requirements and to develop educational resources for businesses in order to facilitate compliance with federal and state disability laws, as specified.

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 law at the following agencies:

- Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx
- Department of Rehabilitation at www.rehab.cahwnet.gov
- California Commission on Disability Access at www.cdda.ca.gov

The business license must be renewed annually by the date the license was first issued or the business owner will be in violation of the City's Municipal Code, and penalties will be assessed. Additionally, late charges of 10% per month will apply to all account balances when payment is not received within 30 days and will be reassessed each 30 days thereafter when a balance remains outstanding. All returned checks will be assessed service charge and the certificate will be nullified.

It is acknowledged by the undersigned that if it is determined by the City that the business does not comply with all applicable federal, state, and city laws, the business license may be revoked by the City. It is also acknowledged that any false statements made above or on the Zoning and Building Clearance application pages are grounds for denial or revocation of the business license. I declare, under penalty or perjury under the laws of the State of California, that the information in this application is true and correct.

Owner/Representative Signature: _____ Title: _____

Date: _____

For Department Use Only – City Department Review and Approval			
Com Dev	<input type="checkbox"/> Approved by: _____	Date: _____	<input type="checkbox"/> Not Approved
Fire	<input type="checkbox"/> Approved by: _____	Date: _____	<input type="checkbox"/> Not Approved
Harbor	<input type="checkbox"/> Approved by: _____	Date: _____	<input type="checkbox"/> Not Approved

ZONING & BUILDING CLEARANCE

Your Business License will not be processed until your business location has been approved.

Please contact the **Community Development Planning Division** at (805) 772-6577, or visit us at 955 Shasta Avenue, for assistance filling out this form. Planning Division counter hours are Monday, Tuesday, Thursday and Friday from 1-5 PM (except holidays).

IF YOU ARE A CONTRACTOR, CONSULTANT, OR THE BUSINESS NAME OR OWNERSHIP HAS CHANGED, GO TO PAGE 5.
FOR ALL OTHER CHANGES, PLEASE COMPLETE PAGES 3 TO 6.

Business Name:	Business Address:
Previous Business Name:	Previous Address:
Contact Name:	Daytime Phone:

Former Tenant:	Is your business located on: <input type="checkbox"/> Ground Floor <input type="checkbox"/> Upper Floor
Describe Adjacent Tenants:	
Extent of alterations/tenant improvements planned:	
Are you sharing space with another existing business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, with whom?	
Are you operating as an independent contractor leasing space at an existing business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, with what business?	
Approx. floor area occupied by your business: _____ sq. ft.	Area devoted to outdoor storage: _____ sq. ft.
Total number of off-street parking spaces provided exclusively for the business: _____ <i>Note: If the business shares off-street parking with another business, please provide a running total of the site's parking requirements.</i>	
Estimated number of employees:	Full-time: _____ Part-time: _____
Number of units, spaces, rooms or people cared for:	
Will your business create any nuisance (i.e. noise, odors, or waste products)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what kind?	
Do you plan on installing new signs? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Note: If yes, please contact the Planning Division regarding applying for a Sign Permit.</i>	
HAZARDOUS MATERIALS RISK ANALYSIS (if applicable) List all chemicals USED, STORED, or SOLD by your business. Include the amount of all flammable liquids, poisons, corrosives, acids, explosives, pesticides and insecticides. Type of chemical(s): _____ Type of process used and stored: _____ _____	

Please provide the following information.

- FLOOR PLAN:** Provide a floor plan of the business, drawn to scale; indicate the types of activities which will occur in each portion of the building as applicable. (For example: retail area, storage, food service, office, etc.).
 - PARKING PLAN:** Provide a plan showing all existing and any proposed parking spaces and related driveways and pedestrian pathways.
 - WATER USE:** Describe activities to be conducted in your business which involve water use, other than personal hygiene.
 - Other County, State Permit or Entitlement Required:**
-

Note: Please see the Public Services Department for any additional permits required by the City.

NAICS CODING

Please check the category(ies) that best describe your business activity:

- | | | |
|--|---|---|
| <input type="checkbox"/> Retail Trade (44-45) | <input type="checkbox"/> Manufacturing (31-33) | <input type="checkbox"/> Administrative, Support, Waste Management or Remediation Services (56) |
| <input type="checkbox"/> Accommodation or Food Services (72) | <input type="checkbox"/> Wholesale Trade (42) | <input type="checkbox"/> Agriculture (11) |
| <input type="checkbox"/> Professional, Scientific or Technical Services (54) | <input type="checkbox"/> Transport or Warehouse (48-49) | <input type="checkbox"/> Utilities (22) |
| <input type="checkbox"/> Management of Companies & Enterprises (55) | <input type="checkbox"/> Information (51) | <input type="checkbox"/> Other Services (except Public Administration) (81) |
| <input type="checkbox"/> Health Care or Social Assistance (62) | <input type="checkbox"/> Finance or Insurance (52) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Construction (23) | <input type="checkbox"/> Real Estate, Rental or Leasing (53) | |
| | <input type="checkbox"/> Educational Services (61) | |
| | <input type="checkbox"/> Arts, Entertainment or Recreation (71) | |

Please provide a detailed description of the nature of your business, including products or services offered:

Are you selling or offering the following services or products?

- | | | |
|---|--|--|
| <input type="checkbox"/> Carnival | <input type="checkbox"/> Money lending or pawnbroker | <input type="checkbox"/> Tent show |
| <input type="checkbox"/> Circus or menagerie | <input type="checkbox"/> Massage parlor | <input type="checkbox"/> Amusement parlor, penny arcade, or playland |
| <input type="checkbox"/> Private patrol service | | |



CITY OF MORRO BAY

BUSINESS LICENSE Consent of Landowner

City Hall
Administrative Services Division
595 Harbor Street
Morro Bay, CA 93442
(805) 772-6294

Business Name: _____

Business Location: _____

Consent for business operation (Type of business and description of activity): _____ _____	
Property Owner:	Owner Phone Number:
Owner Address:	
Applicant:	Applicant Phone Number:
Applicant Address:	

I/We, the undersigned owner(s) of record of the fee interest in the above noted land for which an application for a business license is being requested, do certify that:

I am aware of the business activity proposed, and the applicant has my/our full consent to operate at this location.

I certify, under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

Signature of Property Owner(s): _____

Date: _____



CITY OF MORRO BAY

BUSINESS LICENSE Owner Information

City Hall
Administrative Services Division
595 Harbor Street
Morro Bay, CA 93442
(805) 772-6294

Business Name: _____

Business Location: _____

Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary)	
1 st Owner Name:	Date of Birth:
Home Address (cannot be P.O. Box per State of California Business & Professions Code – Section 7538.5):	
Driver License Number:	Social Security Number:
Home Phone Number:	Cell Number:
2 nd Owner Name:	Date of Birth:
Home Address (cannot be P.O. Box per State of California Business & Professions Code – Section 7538.5):	
Driver License Number:	Social Security Number:
Home Phone Number:	Cell Number:
Resale Number:	State License Number:
Federal ID Number:	State License Type:
State ID Number:	Expire Date:



CITY OF MORRO BAY

BUSINESS LICENSE Emergency Contact Information

Police Department
850 Morro Bay Boulevard
Morro Bay, CA 93442
(805) 772-6225

Dear Business Owner:

The following information is used by the Morro Bay Police Department when contact is necessary for safety or criminal purposes, such as an injured employee, an unsecured door or window, a break-in, or threat of property damage. Your assistance in keeping our files current with accurate, complete information helps us provide you the best service possible. **Local contact information is crucial for responses. If cell phones are listed, please ensure they are left on at night.**

Please complete and return this form to our department. Feel free to indicate any additional information you feel could be useful to the Police or Fire Department in the event our response is required. If you have an alarm company or combination lock/gate at the location, please indicate below, if additional information is needed, please use back of form. Please include separate mailing address if applicable. If you have any questions please call us at (805) 772-6225.

Sincerely,
Amy Christey
Chief of Police

BUSINESS EMERGENCY CONTACT INFORMATION	
Name of Business:	Phone Number:
Business Address:	
Type of Business:	
Business Hours:	
Alarm Company:	Alarm Company Phone Number:
Name of Owner/Manager:	
First Contact	Name: Phone Number:
	Address:
Second Contact	Name: Phone Number:
	Address:
Third Contact	Name: Phone Number:
	Address:
Additional Information:	