



CITY OF SAN RAMON
BUSINESS LICENSE APPLICATION
2401 CROW CANYON RD, SAN RAMON, CA
94583 (925) 973-2510 Fax (925) 838-3231
WEBSITE: www.sanramon.ca.gov

License Number
 #
 Office Use Only

BUSINESS INFORMATION

Business Name: _____

Business Physical Location Address: _____

Post Office Boxes are not considered a Physical Business Location.

Suite/Apt. # _____ City: _____ State: _____ Zip: _____

Is this a residence? No Yes If yes, please complete a Home Occupation Application permit.

Mailing Address (if different from above): _____

Business Phone: _____ Fax: _____

Email Address: _____

Emergency Contact name: _____ Emergency Phone: _____

Date Business Originally Opened: _____ Date Opened in San Ramon: _____

Federal Tax I.D. Number: _____ or Social Security Number: _____

Type of Ownership:

Corporation Partnership Sole Proprietor Limited Liability Corp

Detailed Description of Business Activity: _____

Classification Code: _____ Hours of Business Operation: _____
 (<http://www.osha.gov/pls/imis/sicsearch.html>)

Retail Business? No Yes If yes, State Sales Tax No. _____

Will Tobacco Products be sold? No Yes. Refer to City Ordinance No. 319.

Is there Hazardous material being used or stored at your business? No Yes

OWNER/OFFICER INFORMATION

Owner/Officer Name: _____ Title: _____

Address: _____ City/State/Zip: _____

Phone: () _____

Privacy Disclaimer: The City shall only use the information you provide on this license application for its own internal purposes: However, please be aware that any information provided may be subject to disclosure under the Public Records Act (PRA) (See Government Code §§6250et seq.)

**CONTRACTOR INFORMATION
(if applicable)**

License Number

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State Contractor License No: _____ Expiration Date: _____ Classifications: _____

Worker's Compensation Insurance:
If you have one or more employees, the State of California requires this information.

Insurance Company Name: _____ Policy No.: _____ Expiration: _____

EMPLOYEE INFORMATION

Number of Employees working in San Ramon: _____ (do not include owner)

FEE SCHEDULE

(Select only one fee, SB 1186 fee added to total fees)

(1) For General Businesses & Contractors	Fee:	(4) For lessors of Commercial Property:	Fee:
Five or fewer employees	\$ 44	Less than 5,000 Square Ft. Leased	\$ 44
Six to 50 employees	\$ 84	5,000 to 10,000 Square Ft. Leased	\$ 84
More than 50 employees	\$ 404	More than 10,000 Square Ft. Leased	\$ 404

PLEASE NOTE

*On September 19, 2012 Governor Brown signed into law SB-1186 which adds a State fee on any applicant 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. **SB 1186 FEE ADDED TO TOTAL FEES. Effective January 1, 2018 through December 31, 2023, the fee is \$4.***

(2) For Lessors of Dwelling Units		(5) Amusement	
One Unit Leased	\$ 44	First Day of Circus, Exhibitions	\$ 74
Two to Five Units Leased	\$ 84	Each Additional Day	\$ 39
More than Five Units Leased	\$ 404		
Leased Sq. Ft.	_____		

(3) Vending Machines		(6) Temporary Places of Sale	
One (1) to five (5)	\$ 74	One Day	\$ 39
More than five (5)	\$ 134	Two to Five Days	\$ 74
Number of Machines _____		Six to Thirty Days	\$ 329
		Number of Days _____	

**FEE EXEMPT STATUS
(ATTACH CERTIFICATE)**

The business activity to be conducted at the following above mentioned address within the City of San Ramon is exempt from the Business Licensing fee requirements pursuant to Ordinance #165, sections B2-6 through 17 for the following reason:

PLEASE READ AND SIGN BELOW

I declare under penalty of perjury that all statements contained herein are, to the best of my knowledge and belief, true and that all necessary land use permits, building permits, and any other permits required by law have been or will be secured prior to the commencement of the business activity which is the subject of this application.

Signature _____	Title _____
Name Printed _____	Date _____

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Business Name: _____

FOR OFFICE USE ONLY

PLANNING/ZONING CLEARANCE	Permitted Use	Land Use Permit/H.O.P. Required
Date _____	L.U.P. /H.O.P. Approved	L.U.P. # _____ H.O.P. # _____
Assessor's Parcel Number _____	Zoning Designation _____	
Use Class _____		

Notes: _____

Planning Dept – Accepted by: _____ **Date:** _____

Police Department Clearance Required
Fire Arm Retail Sale

DOJ Police Clearance letter attached
CC County Health Permit Required

Verified By: _____ Date: _____

CK #/CASH/CC: _____ **AMT. PD: \$** _____ **RECEIPT #:** _____

Accepted By: _____ **B/L Process Date:** _____ **BUS LIC #** _____

Payment for the appropriate fees must accompany this application. License application will not be processed without correct payment.

Make Check payable to THE CITY OF SAN RAMON.

Charge to my Mastercard Visa American Express
Print name as it appears on card _____
Credit Card Billing Address _____
Card No.
Expiration Date: _____ Amount \$ _____
Authorized Signature: _____