



COUNTY OF SAN LUIS OBISPO

Room D-290 County Government Center
San Luis Obispo, CA 93408-1003
805.781.5831 - FAX: 805.781.5362
Email: ttc@co.slo.ca.us

Please Check One

New Application

Change of Owner

Change of Address

Change of Business Name

BUSINESS LICENSE APPLICATION

FEE MUST ACCOMPANY APPLICATION - NON REFUNDABLE

Business Name/DBA _____

Corporate Name _____
(if applicable)

Business Location _____
(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Public Phone No. _____ Cell Phone No. _____ Fax No. _____

Description of Business _____

Ownership Corporation Corp-Ltd Liability Partnership Sole Proprietor Trust

Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary)

1st Owner Name _____ Title _____

Home Address _____
(Cannot be P.O. Box)

Home Phone No. _____ Cell Phone No. _____ Email Address _____

2nd Owner Name _____ Title _____

Home Address _____
(Cannot be P.O. Box)

Home Phone No. _____ Cell Phone No. _____ Email Address _____

In case of emergency, please contact (attach additional sheet, if necessary)

Contact Name _____

Address _____

Phone No. _____ Email Address _____

PLEASE READ, SIGN AND DATE

I declare under penalty of making a false declaration, that I am authorized to make this statement and to the best of my knowledge and belief it is a true, correct and complete statement, made in good faith for the period stated.

Signature of Owner: _____

Print Name: _____

Title: _____ Date: _____

Thank you for doing business in the County of San Luis Obispo

- OFFICIAL USE ONLY -

License Fee \$

Tobacco Fee \$

Other Fee \$

Penalty \$

TOTAL AMOUNT DUE \$
(Subject to Audit)

RETURN APPLICATION TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO SLOCTC