

COUNTY OF SAN LUIS OBISPO

G L R U R U R O O U U D U U D R O O F R U

1055 Monterey Street, Room D-290 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	- OFFICIAL USE ONLY -
Business Name/DBA _____ Corporate Name _____ <small>(if applicable)</small> Business Location _____ <small>(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)</small> City _____ State _____ Zip _____ Email _____ Mailing Address _____ City _____ State _____ Zip _____ Public Phone No. _____ Cell Phone No. _____ Fax No. _____	Business License No. _____ Expiration Date _____ Business Code _____
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 _____ <small>(Cannot be P.O. Box)</small>	
Home Phone No. _____	Cell Phone No. _____
Email Address _____	
2nd Owner Name _____	Title _____
Home Address _____ <small>(Cannot be P.O. Box)</small>	
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	- OFFICIAL USE ONLY -										
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: _____ <p align="center"><i>Thank you for doing business in the County of San Luis Obispo</i></p>	<table style="width:100%;"> <tr> <td>License Fee</td> <td style="border: 1px solid black; text-align: center;">\$</td> </tr> <tr> <td>Tobacco Fee</td> <td style="border: 1px solid black; text-align: center;">\$</td> </tr> <tr> <td>Other Fee</td> <td style="border: 1px solid black; text-align: center;">\$</td> </tr> <tr> <td>Penalty</td> <td style="border: 1px solid black; text-align: center;">\$</td> </tr> <tr> <td>TOTAL AMOUNT DUE <small>(Subject to Audit)</small></td> <td style="border: 1px solid black; text-align: center;">\$</td> </tr> </table>	License Fee	\$	Tobacco Fee	\$	Other Fee	\$	Penalty	\$	TOTAL AMOUNT DUE <small>(Subject to Audit)</small>	\$
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RETURN APPLICATION TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO SLOCTC											