



**COUNTY OF SAN LUIS OBISPO**  
**Office of James W. Hamilton, CPA**

*Auditor-Controller • Treasurer-Tax Collector • Public Administrator*

Michael Stevens, Deputy

Justin Cooley, Deputy

1055 Monterey Street, Room D290 | San Luis Obispo, CA 93408 | 805-781-5831 | ttc@co.slo.ca.us

**PAYMENT  
DUE DATE**

**1/31/2026**

**BUSINESS LICENSE RENEWAL NOTICE**

DBA	Phone No.		
Business Location	Fax No.		
	Start Date		
	Rate Type		
	Ownership		
	Email Address		
Mailing Address			
Description of Business	VACATION RENTAL		
BUSINESS LICENSE NO.	6011386	EXPIRATION DATE	1/31/2026
<b>Owners, Partners, or Corporate Officers - Please make any necessary corrections.</b>			
Owner Name	Title	owner	Phone
Home Address			Cell Phone
E-Mail			
Owner Name	Title	owner	Phone
Home Address			Cell Phone
E-Mail			
<i>If business location or ownership has changed a new license is required, please contact us to begin a new application. (See back page for more information)</i>			
CLOSING DATE:	SIGNATURE:		
<b>RENEWAL INSTRUCTIONS</b>			
1. <b>BASE FEE</b> \$34.00 Standard Annual Renewal Fee	Base Fee	1	34.00
2. <b>SHORT-TERM RENTAL (STR) ANNUAL REVIEW FEE:</b> required to maintain compliance with STR monitoring.	Short-Term Rental (STR) Annual Review Fee	2	321.00
3. <b>SUBTOTAL</b> Enter total amount for Box 1 and 2.	SUB TOTAL	3	355.00
4. <b>PENALTY</b> If paying 30 days or more after the Due Date, penalty of 50% of subtotal (Line 3) must be added.	Penalty, If any	4	
5. <b>AB 1379 FEE</b> \$4.00 California State Disability Access Fee	AB1379 Fee	5	4.00
<b>NOTICE</b> 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 websites listed on the back.	TOTAL AMOUNT DUE	6	
6. <b>TOTAL AMOUNT DUE</b> Add boxes 3, 4, and 5.	<b>RETURN COMPLETED RENEWAL NOTICE TO ABOVE ADDRESS WITH A CHECK PAYABLE TO SLOCTC OR PAY ONLINE</b>		
SB 205: NPDES STORM WATER PERMIT REQUIREMENTS Is your business regulated by California's Industrial Storm Water Permit requirements? If so, please provide your Standard Industrial Classification Code (SIC Code) and Waste Discharger Identification Number (WDID#).	SIC CODE: _____ WDID # _____		
<i>I declare under penalty of perjury of the laws of the State of California that the information provided herein is true and correct.</i>			
Signature of Owner or Representative		Print Name	Date