



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 Business Location		Phone No.		Renew Online PIN #:	270857
		Fax No.		https://services.slocountytax.org/BL	
		Start Date			
		Rate Type			
		Ownership			
		Email Address			
Mailing Address					
Description of Business VACATION RENTAL					
BUSINESS LICENSE NO.		6011386		EXPIRATION DATE	1/31/2026
Owners, Partners, or Corporate Officers - Please make any necessary corrections.					
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:		
RENEWAL INSTRUCTIONS					
1. BASE FEE \$34.00 Standard Annual Renewal Fee			Base Fee	1	34.00
2. SHORT-TERM RENTAL (STR) ANNUAL REVIEW FEE: required to maintain compliance with STR monitoring.			Short-Term Rental (STR) Annual Review Fee	2	321.00
3. SUBTOTAL Enter total amount for Box 1 and 2.			SUB TOTAL	3	355.00
4. PENALTY 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. AB 1379 FEE \$4.00 California State Disability Access Fee NOTICE 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.			AB1379 Fee	5	4.00
6. TOTAL AMOUNT DUE Add boxes 3, 4, and 5.			TOTAL AMOUNT DUE	6	
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 # _____			RETURN COMPLETED RENEWAL NOTICE TO ABOVE ADDRESS WITH A CHECK PAYABLE TO SLOCTC OR PAY ONLINE		
<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 _____