

City of Goleta General Business License Application - In City 130 Cremona Drive, Suite B • Goleta, CA 93117

Phone: (805) 961-7500 • Fax (805) 685-2635 • Email: businesslicense@cityofgoleta.org

□ ADDRESS CHANGE □ CHANGE OF OWNERSHIP- NEW LICENSE FEE REQUIRED NEW BUSINESS AMENDMENT IF APPLICABLE, CURRENT BUSINESS LICENSE # 1 BUSINESS NAME (DBA) 2 BUSINESS PHONE NO. 3 BUSINESS ADDRESS (DO NOT USE P.O. BOX) ZIP CODE CITY STATE 4 MAILING ADDRESS CITY STATE **ZIP CODE** 5 EMAIL ADDRESS 6 CONTACT PERSON AND TITLE (REQUIRED) 7 SELECT TYPE OF OWNERSHIP: □ SOLE PROPRIETORSHIP LLC **CORPORATION** □ PARTNERSHIP □ NONPROFIT 501(C)3 □ OTHER 8 OWNER OR CORPORATE OFFICER WHO IS DULY AUTHORIZED TO ACCEPT SERVICE OF LEGAL PROCESS. ATTACH A SEPARATE PAGE FOR MULTIPLE OWNERS NAME ADDRESS PHONE NO. 1) 2) 11 STATE EMPLOYER ID 12 RESALE NO. 9 CONTRACTOR LICENSE NO. 10 FEDERAL ID NO. OR SSN 13 NAICS CODE FEE SECTION: CHANGE OF Duplicate Copy of SELECT TYPE OF NEW LICENSE: 14 15 16 17 Business Licence Category ADDRESS ONLY Business license certificate ANNUAL - \$137.00* **1** \$133.00 **1** \$1<u>2.00</u> See Page 2 *License costs includes California State Mandated Fee of \$4.00 (SB-1186 enacted 1/1/2018). For more information please visit: http://leginfo.legislature.ca.gov *License costs includes City administrative fees. Please visit: www.cityofgoleta.org (keyword: Fee Schedule) PLEASE ANSWER THE FOLLOWING: 19 WILL YOU USE HAZARDOUS 18 IS YOUR BUSINESS 20 WILL YOU BE 21 EST. ANNUAL GROSS SALES: 22 NUMBER OF FULL TIME EMPLOYEE BASED AT HOME? MATERIALS? SELLING ALCOHOL? EQUIVALENTS: ☐ YES ☐ NO YES NO TYES INO If HOME Yes, you will need a \$ OCCUPATION PERMIT please contact the Planning Dept 23 ADD DESCRIPTION OF BUSINESS ACTIVITY: 24 ADD PREVIOUS USES OF THE SITE OR TENANT SPACE: 25 WILL YOU BE ENGAGING IN TOBACCO RETAILING IN THE CITY OF GOLETA? INITIALS: Search 2012 Yes - Attached is a completed City of Goleta Tobacco Retailing Application along with the applicable tobacco licensing fee [City Municipal Code 5.07.020]. 🗖 No Statements of personal financial data are not required to be disclosed by the City. All other information may be subject to disclosure pursuant to State law [CA Government Code Section 6254(n)] I declare under penalty of perjury that the information and statements contained herein are true and correct to the best of my knowledge and understand that the information is subject to Applicant's Signature Date FOR OFFICE USE ONLY FINANCE DIRECTOR ENDORSE HERE:

 FOR OFFICE USE ONLY
 FINANCE DIRECTOR ENDORSE HERE:

 License No.
 Credit Card Payment?

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State Law-SB 1186. 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 following agencies:

The Department of Rehabilitation at: www.rehab.cahwnet.gov

The California Commission on Disability Access at: www.ccda.ca.gov



City of Goleta 130 Cremona Dr, Suite B • Goleta, CA 93117 • P: (805) 961-7500 • F: (805) 685-2635 Food Truck & Sidewalk Vendors Business License Application

Items Required:

- Copy of SANTA BARBARA COUTY Health Permit
- General Business License Application
- Sellers Permit

5.01.080 Parking Vehicles on Roads, Beaches, etc., for Purpose of Transacting Business Prohibited.

Please print Clearly							
Company Name	mpany Name			Phone No.			
Business Address (Required)			City, State, Zip				
Business Address			City, State, Zip				
Business Address			City, State, Zip				
Federal Employer ID	State Employer ID	Resale No.		 Sole Proprietorship LLC Corporation 		Partnership Non Profit (501(c)3 Required) Other	
Owner Information Owner Name			Phone No.				
Home Address			City, State, Zip				
Drivers License #	Social Security #	Email	•				

I understand that I am subject to the regulations and requirements for business licenses set forth in the City of Goleta Code, and agree to comply with these requirements. I agree to use the license applied for only that activity and purpose stated in this application. I certify, under penalty of perjury, that the foregoing is true and correct.

Applicant Signature		Date		
FOR OFFICE USE ONLY		FINANCE DIRECTOR ENDORSE HERE:		
Zoning: Approved Denied by:	Date:			
License: Approved Denied by:	Date:			
License No.	Credit Card Payment?			
Under federal and state law, compliance w significant responsibility that applies to all 0 buildings open to the public. You may obtain how to comply with disability acce The Division of the State Architect a The Department of Rehabilitation The California Commission on Disa	California building owners and tenants with information about your legal obligations and ss laws at the following agencies: at: www.dgs.ca.gov/dsa/Home.aspx on at: www.rehab.cahwnet.gov			