



**City of South San Francisco  
BUSINESS LICENSE APPLICATION**

• Business Licensing Division •  
8839 N Cedar Ave #212, Fresno, California 93720  
PH (650) 204-3304 • FAX (909) 348-0465

**OFFICIAL USE ONLY**

Business License No. \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
NAIC Code \_\_\_\_\_  
License Fee \$ \_\_\_\_\_  
Check # \_\_\_\_\_ ☐ Credit Card ☐ Cash

**PLEASE TYPE OR PRINT WITH PEN**

<b>Business Name</b> _____	<b>Bus. Start Date</b> _____
<b>Corporate Name</b> (if applicable) _____	<input type="checkbox"/> New Application <input type="checkbox"/> Change <input type="checkbox"/> Home Occupation
<b>Business Location</b> _____ <small>(Cannot be P.O. Box per State of California Business &amp; Professions Code-Section 17538.5)</small>	<b>Email Address</b> _____
<b>Mailing Address</b> _____	<b>State Sales Tax No.</b> _____
<b>Phone No.</b> _____ <b>Alt Phone No.</b> _____	<b>Federal ID No.</b> _____
<b>Description of Business</b> _____	<b>State ID No.</b> _____
<b>Ownership</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Corp-Ltd Liability <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust <input type="checkbox"/> Non-Profit	<b>State Licence No.</b> _____
	<b>State License Type</b> _____
	<b>Expire Date</b> _____

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

<b>1st Owner Name</b> _____	<b>Title</b> _____	<b>Social Security No.</b> _____
<b>Home Address</b> <small>(Cannot be P.O. Box)</small> _____		<b>Driver Lic. No.</b> _____
		<b>Phone No.</b> _____
		<b>Other ID No.</b> _____
<b>2nd Owner Name</b> _____	<b>Title</b> _____	<b>Date of Birth</b> _____
<b>Home Address</b> <small>(Cannot be P.O. Box)</small> _____		<b>Driver Lic. No.</b> _____
		<b>Soc. Sec. No.</b> _____
		<b>Other ID No.</b> _____

Have you filed a Fictitious Business Name <input type="checkbox"/> Yes <input type="checkbox"/> No	Per AB 2184, you may protect your residential address by providing a different Service of Process address in accordance with Sections 16000.1(a)(2) and 16100.1(a)(2) of the Business and Professions Code. <b>*THE INFORMATION BELOW MUST BE COMPLETED FOR YOUR BUSINESS LICENSE TO BE PROCESSED *</b> The City of South San Francisco business license application has been updated in accordance with California Senate Bill No. 205. The primary Standard Industrial Classification (SIC) code, identifying the primary activity of your business, must now be provided with your renewal, and your subjectivity to the State's Industrial General Permit (IGP) must be evaluated as part of this process Please complete section 2 in Page 2 to fulfill this new requirement.
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**EMERGENCY NOTIFICATION** - in case of emergency and I cannot be reached, please call:

<b>Name</b> _____	<b>Title</b> _____
<b>Address</b> _____	<b>Phone No.</b> _____

**PLEASE FILL IN THE APPROPRIATE BOXES BELOW AND SIGN**

**Business License Application Fees**

**CERTIFICATION AND ACKNOWLEDGEMENT**

I declare under penalty of perjury that the statements made in this application are true. I further agree that business shall be conducted in accordance with the City of South San Francisco Municipal Code. I understand that Sales or Use Tax may apply to my business activities. Upon issuance of a Business Tax Certificate, it shall be my responsibility to renew the registration before the due date.

**SIGN HERE**



\_\_\_\_\_  
Signature of Owner or Representative

**Title** \_\_\_\_\_ **Date** \_\_\_\_\_

*Thank you for doing business in the City of South San Francisco*

Total Square Feet of Commercial/Industrial Location

# \_\_\_\_\_

No. of Employees

# \_\_\_\_\_

**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 following agencies: The Division of the State Architect at [www.dgs.ca.gov/dsa](http://www.dgs.ca.gov/dsa) - The Department of Rehabilitation at [www.dor.ca.gov](http://www.dor.ca.gov) - The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov).

**RETURN APPLICATION BY MAIL TO:**

City of South San Francisco - Business Licensing  
8839 N. Cedar Ave #212  
Fresno, CA 93720

**SCAN & RETURN APPLICATION BY EMAIL TO:**

[SouthSanFrancisco@hdlgov.com](mailto:SouthSanFrancisco@hdlgov.com)

**SERVICE OF PROCESS ADDRESS, PURSUANT TO AB 2184 - AVAILABLE FOR PUBLIC INSPECTION**

If you wish to protect your residential address with a different service of process address, please provide it here.

NOTE - if your service of process address is a post office box or private mailbox, it must comply with paragraph (2) of subdivision (b) of Section 17538.5 of the California Business and Professions Code

**Service of Process**

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Residential Address to  
Protect**

☐ **Business Location**

☐ **Mailing Address**

☐ **Owner/Partner/Officer Address**

**NPDES PERMIT PROGRAM, PURSUANT TO SB 205 - STORMWATER DISCHARGE**

\*If you are a business that is a regulated industry with storm water discharge requirements in accordance with the SB 205 NPDES permit program, please complete the following:

**SIC #** \_\_\_\_\_

**Permit #** \_\_\_\_\_

\*Otherwise, please provide the following identification numbers:

**Notice of Non-Applicability #** \_\_\_\_\_

**OR No Exposure Certification #** \_\_\_\_\_

If you do not have an SIC number or a Permit number, or if you are unaware of the requirement, please contact the State Water Resources Control Board at [www.waterboards.ca.gov/water\\_issues/programs/stormwater/contact.html](http://www.waterboards.ca.gov/water_issues/programs/stormwater/contact.html). The State Water Resources Control Board will issue your "Water Discharge Identification Number", "Notice of Non-Applicability" identification number, or "No Exposure Certification" identification