



**THE TOWN OF
CORTE MADERA**
MARIN COUNTY CALIFORNIA

FINANCE DEPARTMENT
300 TAMALPAIS DRIVE AT WILLOW AVENUE
PO BOX 159, CORTE MADERA, CA 94976-0159
Phone (415)-927-6725

APPLICATION FOR BUSINESS LICENSE – 2021
 BUSINESS LICENSE NO. _____

FILL IN ALL APPLICABLE INFORMATION:

New Name Change Owner Change Address Change

Name of Business: _____ Business Phone: _____

Street Address: _____

Mailing Address: _____

Exact Nature or Kind of Business: _____

Date Started in Corte Madera: _____ Nuclear Weapons Contractor: Yes ____ No ____

Email Address: _____ Medical Marijuana Dispenser: Yes ____ No ____

State Sales Tax No. _____ Contractor's License No. _____

Federal I.D. Tax Number: _____ State I.D. Tax No. _____

Social Security Number: _____

CLASSIFICATION OF BUSINESS (COMPLETE SIDE 2)

Ownership Status: Individual Partnership Corporation Non-Profit

Business Owner's Printed Name: _____

Owner's Home Address: _____ Zip Code: _____ Phone: _____

EMERGENCY INFORMATION: 1. _____ 2. _____
 (After 6:00 p.m.) Name Phone Name Phone

Method of Payment: Cash Check Money Order Visa/MasterCard

Visa/MasterCard No: _____ Exp. Date: _____

**I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT, TO THE BEST OF MY KNOWLEDGE,
 THE FACTS SUPPLIED ON THIS APPLICATION ARE A TRUE AND CORRECT STATEMENT.**

Applicant's Signature: _____ **Applicant's Printed Name:** _____

Office Use Only: Fee Paid: \$ _____ Date Paid: _____ Receipt No. _____
 Visa/MC Auth. _____ SIC CODE: _____

1. _____ 2. _____ 3. _____
 Building Dept. Date Fire Dept. Date Planning Dept. Date

CLASSIFICATION OF BUSINESS:

Please check the appropriate box and provide ALL information:

- [] **(Code 200) Retail Sales and/or Services:**
Average annual number of employees, including management. Full Time: ____ Part Time: ____
- [] **(Code 300) Wholesale, Manufacturing, Packaging, Processing, etc.**
Average annual number of employees, including management. Full Time: ____ Part Time: ____
- [] **(Code 400) Contractor: List type(s) of licenses held and state license numbers: _____**
LIST SUBCONTRACTORS WITH MAILING ADDRESSES USED ON CURRENT JOB:

- [] **(Code 511) Professional Services (Accountant, Attorney, Doctor, Engineer, Masseuse, Travel Agency, etc.**
Number of Professionals: _____ Number of Support Staff: _____
Does this business conduct or offer Massage Services ____ Yes ____ No
- [] **(Code 520) Professional Services (Real Estate, artist, Broker, janitor/Gardener Service, etc).**
Average annual number of employees, including management. Full Time: ____ Part Time: ____
- [] **(Code 801-805) Hotel/Motel:** List Number of units: _____
- [] **(Code 806) Apartments:** List Number of units: _____
- [] **(Code 900) Coin Operated Devices (Laundry Machines, Vending Machines, Game Machines, etc) provided by business.**
List locations, type, and amount to operate and number at location:

- [] **(Code 151/152) Transportation or delivery of goods and services. (Excludes retail vehicles used only for delivery as customer convenience and no orders are taken).**
Number of Vehicles used in Corte Madera Retail: _____ Wholesale: _____
- [] **(Code 250) Amusement Categories (Identify):** _____
- [] **(Code 500) Beauty Shops, Barbers, Schools:** Number of persons working on premises: _____
- [] **(Code 751-757) Other:** _____
- [] **(Code 999) Non-Profit Organization:** Please attach current Non-Profit Status: _____