



CITY OF MILLBRAE

621 Magnolia Avenue, Millbrae, California 94030
Attn: Bus. License Dept. • (650) 259-2352 • Fax (650) 697-8459
Website: <http://www.ci.millbrae.ca.us>

Please Check One

- NEW APPLICATION
- CHANGE OF OWNER
- CHANGE OF ADDRESS
- CHANGE OF BUSINESS NAME
- HOME OCCUPATION

BUSINESS LICENSE APPLICATION

This business license application must be approved before a business license can be issued. No business activity can be conducted until a business license has been issued. Incomplete applications will not be processed and returned to the applicant. The Business License year begins July 1st and ends June 30th of the following year. It is the responsibility of the applicant to maintain an active license by renewing the license each year.

PLEASE TYPE OR PRINT CLEARLY

OFFICIAL USE ONLY

Business Name _____

Business Location _____

(Not P. O. Box)

City _____ State _____ Zip _____

Bus. Phone () _____ Bus. Fax () _____

Mailing Address _____

(If Different)

City _____ State _____ Zip _____

Business Type Service Retail Wholesale Property Rental Real Estate
Public Transportation Non-Profit Organization

Health Permit No. _____ ABC License No. _____

State Lic. No. _____ Resale No. _____

License Type _____ Federal I.D. No. _____

Expiration Date _____ State I.D. No. _____

Start Date _____ Description of Business Activity _____

ENTER BELOW NAMES OF OWNERS, PARTNERS, OR CORPORATE OFFICERS - USE ADDITIONAL SHEETS AS NECESSARY

Ownership: Corporation Ltd Liability Corp Partnership Ltd Partnership Sole Proprietor Trust

Owner/Corp. Name _____ Title _____ Phone () _____

Home Address _____ Cell Phone () _____

City _____ State _____ Zip _____ E-Mail Address _____

Social Security No. _____ Drivers License No. _____

Owner Name _____ Title _____ Phone () _____

Home Address _____ Cell Phone () _____

City _____ State _____ Zip _____ E-Mail Address _____

Social Security No. _____ Drivers License No. _____

ENTER BELOW ALARM COMPANY (IF APPLICABLE)

Name _____ Title _____ Phone () _____

Address _____ License No. _____

City _____ State _____ Zip _____

PLEASE COMPLETE THE FOLLOWING:

Enter Estimated Annual Gross Receipts \$ _____

Enter No. of Employees _____ Full Time / Part Time _____

Enter No. of Units _____ Vehicle License No. _____

Enter No. of Vehicle & Driver _____

Enter Sq. Ft. _____

Thank you for doing business in the City of Millbrae!

Please state estimated gross receipts, number of employees, units or vehicles/drivers and square feet in boxes at left; calculate amount due by adding applicable fees together, sign and return this form along with your check made payable to City of Millbrae.

NOTE: Sales or use tax may apply to your business activities. You may seek written advice regarding the application of tax to your particular business by writing to the nearest State Board of Equalization office.

Tax Rate	\$
Application Fee	\$ 32.00
Penalty Fee	\$
State CASp Fee	\$ 1.00
TOTAL DUE	\$

I hereby certify under penalty of perjury that the information provided herein is to be the best of my knowledge and belief, a true and complete statement. I understand that this application is not a license and that no business activity may commence until a business license is issued.

Signature _____ Title _____ Date _____

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/Home.aspx - The Department of Rehabilitation at www.rehab.cahwnet.gov - The California Commission on Disability Access at www.cdda.ca.gov.

ADDITIONAL INFORMATION

ENTER BELOW PROPERTY OWNER INFORMATION

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone () _____ Cell Phone () _____
 Location of Rental Property _____
 Number of Apt./Condominium Units for Rent: _____
 Sq. Ft. of Commercial Property for rent/lease: _____

ENTER BELOW EMERGENCY CONTACT

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone () _____ Cell Phone () _____

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone () _____ Cell Phone () _____

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone () _____ Cell Phone () _____

PLEASE COMPLETE THE FOLLOWING QUESTIONS:

Do you anticipate any electrical, structural or sign changes? If Yes, explain: Yes No

Is this business involved in importing? Yes No
 If Yes, provide details:
 Product _____ Country _____

Is this business involved in exporting? Yes No
 If Yes, provide details:
 Product _____ Country _____

Hours of Operation: _____

Is this business involved in dispensing or selling alcoholic beverage? Yes No

Is this business involved in any way with fire-arms or explosives? If Yes, explain: Yes No

Smoke Detector in Office? Yes No

List of hazardous materials produced, sold or used: _____

Has your business license ever been revoked or suspended? If Yes, explain: Yes No

Number of State Licensed Professionals working in Millbrae? _____

GROSS RECEIPTS SCHEDULE

For those business classifications that are to pay a portion of their business license tax based on their gross receipts of seven hundred fifty thousand (\$750,000) dollars or more, the following gross receipts schedule applies:

Gross Receipts	Tax Rate
Over \$ 750,000 and under \$ 5,000,000	\$.30 / 1,000 gross receipts
Over \$ 5,000,000 and under \$10,000,000	\$.25 / 1,000 gross receipts
Over \$10,000,000	\$.20 / 1,000 gross receipts

BUSINESS LICENSE TAX SUMMARY

Administrative Headquarters	\$ 64.00 plus \$4.25 per employee
Application Fee	\$ 32.00
Billiards, pool tables	\$ 64.00 plus \$32.00 per table
Contractors, general	\$160.00
Contractors, specialty subcontractors	and \$ 80.00
Gardners	\$ 80.00
Home Occupations	\$ 27.00 if gross receipts are less than \$15,000 per year; otherwise based on applicable classification of business activity
Manufacturing	\$ 64.00 plus \$4.25 per employee, plus application of gross receipts schedule
Massage Establishment	\$370.00 (Initial) \$210.00 (Renewal)
Massage Technician	\$105.00
Miscellaneous	\$ 64.00 plus \$4.25 per employee or unit
Pawnbroker	\$370.00
Professionals	\$210.00
Public Utility	\$ 64.00 plus \$.32 per \$1,000 of gross receipts
Real Estate Brokers	\$210.00
Real Estate Agents	\$ 53.00
Recreation & Entertainment	\$ 64.00 plus \$4.25 per employee, plus application of gross receipts schedule
Rental of Property - Commercial	\$ 64.00 plus \$10.60 per 1,000 sq. ft.
Rental of Property - Residential	\$ 64.00 plus \$5.30 per unit
Research & Development	\$ 64.00 plus \$.32 per \$1,000.00 cost of operations
Retailing	\$ 64.00 plus \$4.25 per employee, plus application of gross receipts schedule
Seasonal Sales - Monthly	\$ 64.00 plus \$120.00 per month
Seasonal Sales - Yearly	\$ 64.00 plus \$530.00 per year
Services	\$ 64.00 plus \$4.25 per employee, plus application of gross receipts schedule
Services, Motel/Hotel	\$ 64.00 plus \$4.25 per room, plus application of gross receipts schedule
State CASp Fee	\$1.00
Theaters	\$ 64.00 plus \$.50 per seat
Transportation of Persons and goods	\$ 64.00 plus \$64.00 per vehicle & driver
Vending Machines	\$ 64.00 plus \$.32 per \$1,000.00 gross receipts
Warehousing	\$ 64.00 plus \$.32 per \$1,000.00 cost of operations
Wholesaling	\$ 64.00 plus \$4.25 per employee, plus application of gross receipts schedule

Item Number	City Department	Item Description	Yes	No	Contact Date	Staff Name	Comment	Approval Date	Staff Name	Staff Signature
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4 CODE ENFORCEMENT

Hours: Monday - Friday
 Call for Appointment
 (650) 259-2440

Prohibited Signage										
Prohibited Outdoor Storage or Display										
Site Requires Clean Up										
Graffiti Abatement										

5 POLICE DEPARTMENT

Hours: Monday - Friday
 Call for Appointment
 (650) 259-2300

Massage Technician										
Massage Establishment										
Gun Shop										
Pawn Shop										

6 FIRE DEPARTMENT

Hours: Monday - Friday
 Call for Appointment
 (650) 259-2400

Fire Permit										
Fire Alarm Required										
Fire Sprinkler Required										
Hood and Duct System										
Fire Extinguishers										

7 OTHER REQUIRED PERMITS AND LICENSES (Attach Copies)

Alcohol Beverage Control (415) 356-6500		
Articles of Incorporation (916) 653-6814		
Bay Area Air Quality District (415) 749-4728		
Community Care License (650) 266-8843		
Environmental Protection Agency (202) 564-2614		
Federal Identification Number (800) 829-1040		
Fictitious Name Statement (650) 363-4500		
San Mateo County Health (650) 372-6200		
Sellers Permit (415) 356-6600		
State Payroll Identification Number (888) 845-3886		