



CITY OF SUNNYVALE

650 West Olive Avenue P.O. Box 3707
Sunnyvale, California 94088-3707
(408) 730-7620

Business License Application

Business Name _____
(Please Print Clearly)

Corporate Name _____
(If Different from Business Name)

Business Location _____
(No P.O. Boxes)

City _____ State _____ Zip _____

Business Phone _____ Business Fax _____
(ex. xxx-xxx-xxxx)

Mailing Address _____
(If Different from Business Location)

City _____ State _____ Zip _____

Start Date in Sunnyvale _____
(MM/DD/YY)

Description of Business (Provide detailed description of business activity.)

Sales: None Wholesale Retail Resale Number _____
(Mark one box only)

Ownership: Corporation Ltd Liability Co. Sole Proprietor Partnership Trust
(Mark one box only)

Contractors State License No. _____ License Type _____ Expiration Date _____

Federal I.D. No. _____ State I.D. No. _____ Email Address _____

Personal Information - Enter Names of Owners, Partners, or Corporate Officers. Use additional sheets as necessary.

Owner Name _____ Title _____ Social Security No. _____

Home Address _____ Phone _____

City _____ State _____ Zip _____ Cell Phone _____

Owner Name _____ Title _____ Social Security No. _____

Home Address _____ Phone _____

City _____ State _____ Zip _____ Cell Phone _____

PLEASE FILL IN THE APPROPRIATE BOXES BELOW AND SIGN

(Review general Business License Tax Summary and enter applicable taxes and fees below.)

Note: Businesses with rental properties need to include number of units and number of employees, including the property owner(s). Tax shall be based on the greater number of the two.

No. of Rental Units _____

No. of Employees (including Owner) working in Sunnyvale _____

The following types of businesses may require special permits. Please mark any applicable types of use.

- FIREARM SALES
- MASSAGE
- HOLISTIC HEALTH
- PAWNBROKER
- SECONDHAND DEALER
- TATOO PARLOR
- ADULT ENTERTAINMENT ESTABLISHMENT

Year 1 Business License Tax _____

Year 2 Business License Tax _____

Penalty Fee _____

Interest Fee _____

Prior Year(s) Amount Due _____

Zoning Review Fee _____

State CASp Fee **\$1.00**

Total Amount Due _____

Please make check payable to: CITY OF SUNNYVALE
A \$30.00 fee will be imposed for all returned checks.

All businesses must pay for the full two year cycle. Should your business cease to operate in Sunnyvale during the first year, you will be eligible for a refund of the second year tax. Please contact our office at (408) 730-7620 for further information.

I certify that I have read and understand the above. I declare under penalty of perjury that the information given above is true and correct to the best of my knowledge.

Signature _____

Date _____

Title _____

PLEASE COMPLETE THE FOLLOWING INFORMATION

Do you own or rent at this location? Own Rent

Mailing Address _____

Web Address _____

If business has a separate STORAGE OR CORPORATION YARD, indicate the location:

Does the business IMPORT OR EXPORT Yes No Which Countries? _____

Is Company headquartered in Sunnyvale? Yes No If no, where is headquarters _____

CEO/CCO Name _____ Title _____ Phone _____

Email Address _____

CFO Name _____ Title _____ Phone _____

Email Address _____

Facilities Manager Name _____ Title _____ Phone _____

Email Address _____

Human Resource Manager _____ Title _____ Phone _____

Email Address _____

Alternate Emergency Contact Person _____ Title _____ Phone _____

Email Address _____ Pager No. _____ Cell Phone _____

PUBLIC SAFETY BUSINESS LICENSE INFORMATION (Additional permits may be required - contact 408-730-7100)

Alarm System? Burglar Alarm System Yes No Fire Alarm System Yes No

Burglar Alarm Company Name _____ Phone _____

Address _____ License No. _____

Installation Date: _____

Fire Alarm Company Name _____ Phone _____

Address _____ License No. _____

Installation Date: _____

Are there any HAZARDOUS MATERIALS used, stored, or transported? Yes No

(If yes, attach a detailed list of materials or chemicals and quantities)

Will your business have PUBLIC ASSEMBLY over 50 people? Yes No (Fire Inspection permit required)

(Restaurant, bar, theatre, bowling, etc.)

Is the business involved in any way with FIREARMS or EXPLOSIVES? Yes No

Does the business dispense or sell ALCOHOLIC BEVERAGES? Yes No

HOME OCCUPATION

Sunnyvale Home Business Yes No If yes, complete questions a-g

a. Will customers be visiting your home? Yes No

b. Will there be any deliveries? Yes No

c. How many people will be working in your home? _____

d. Where in the home will you be operating your business? _____

e. Total floor area (square feet) of your home. _____

f. Total floor area (square feet) of your home that will be devoted to your business. _____

g. How many vehicles (associated with your business) will visit your home each day? _____

Home Businesses (if applicable): I have read and understand the requirements for home businesses (see applicable provisions of the Sunnyvale Municipal Code).

Note: Payment of a business license tax and issuance of a Business License do not entitle you to conduct any illegal business or operations, or violate any applicable federal, state or local laws or regulations. As the owner or operator of a business, you must comply with all applicable zoning and public safety regulations and obtain all required permits.