



Civic Center • 701 Laurel Street  
 Menlo Park, CA 94025  
 Business License Department  
 Phone: (650) 330-6642  
 FAX (650) 327-5391

**CONFIDENTIAL AFFIDAVIT AND APPLICATION  
 FOR BUSINESS LICENSE FOR IN-TOWN LOCATIONS**

Obtaining a business license satisfies the business license requirements of Title V of the Menlo Park Municipal Code. It is the responsibility of all persons to insure that they are in compliance with zoning requirements of Title XVI of the Menlo Park Municipal Code and all other adopted codes of the city.

Please Note: Incomplete applications cannot be processed and will be returned for completion.

<b>Business Name</b> _____	<b>Mailing Address (If Different)</b> _____
<b>Additional Name</b> _____	_____
<b>Business Address</b> _____	<b>Bus. Phone</b> _____
<b>City, State, Zip</b> _____	<b>Business Starting Date</b> _____

<b>Type of Ownership:</b> _____ Sole Proprietorship _____ Partnership _____ Corporation _____ Limited Liability Corporation	
<b>Owner/Officer Name and Title</b> _____	<b>Fax Number</b> _____
<b>Owner Home Address</b> _____	<b>E-Mail Address</b> _____
<b>Owner City, State, Zip</b> _____	<b>State Contractors License Number</b> _____
<b>Owner Phone Number</b> _____	

<b>Basic Method of Business:</b> _____ Service _____ Wholesale/Retail _____ Manufacturing _____ Administrative Offices	
<b>Description of primary business activity</b> _____	
<b>State Resale License Number</b> _____	<b>Is this a home occupation business?</b> _____ Yes _____ No
<b>Federal Tax ID or SS Number</b> _____	<b>Do you store hazardous materials?</b> _____ Yes _____ No
<b>State Employer ID Number</b> _____	<b>Do you have outside storage?</b> _____ Yes _____ No

<b>Emergency Contact</b> _____	<b>Alarm Service Name</b> _____
<b>Phone Number</b> _____	<b>Phone Number</b> _____

<b>Business License Tax Calculation Section</b>	
<b>Gross Receipts:</b> _____	<b>Gross Receipts Tax:</b> _____
<b>Number of Employees:</b> _____	<b>Number of Employees Tax:</b> _____
Use the accompanying Guide to Annual Business License Tax Calculation to determine the tax based on annual gross receipts and number of employees and/or late charges or other fees (if applicable).	<b>Calculated Tax (higher of the two amounts above):</b> _____
	<b>Zoning Compliance Review Fee or HOP Fee:</b> <u>50.00</u>
Business located within the City Limits use gross receipts, revenue or sales (excluding sales of alcoholic beverages and taxes collected) from the previous calendar year. New businesses must estimate gross receipts anticipated to be earned in Menlo Park during the current calendar year.	<b>Late Charges or Other Fees:</b> _____
	<b>TOTAL AMOUNT DUE:</b> _____

<b>Method of Payment:</b> _____ CASH _____ CHECK _____ CREDIT CARD _____ VISA _____ MASTER CARD		
_____ CREDIT CARD NUMBER	_____ EXPIRATION DATE	_____ SIGNATURE OF CARD HOLDER REQUIRED

<b>I certify under penalty of perjury that the above information is correct.</b>		
_____ Signature	_____ Date	

<b>FOR OFFICE USE AND STAFF CLEARANCE</b>			
Home Occupation _____	Hazardous Material _____	Outside Storage _____	Use Permit Needed _____
Business License No. _____	N R Year _____	Payment by CA CC CK ATM	



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**OUTSIDE STORAGE / HAZARDOUS MATERIALS  
SUPPLEMENTAL QUESTIONNAIRE**

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Business Name \_\_\_\_\_

Date \_\_\_\_\_

**Outside Storage**

If you answered yes to the question, "Do you have outside storage" ?, please give a brief, but detailed description of the type of outside storage (i.e. bins, palletes or vehicles) and location of the outside storage (at business address or other location).

**Hazardous Materials**

If you answered yes to the question, "Do you store hazardous materials on site" ?, please give a brief, but detailed description of the type of hazardous materials, quantity and container (i.e. MSDS description, gallons, pounds, drums, spray cans) and location of the storage at the business address (i.e. shop area, paint room, chemical storage room).

Have you registered your hazardous materials storage with the County of San Mateo Department of Environmental Health?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Questionnaire completed by : \_\_\_\_\_ Title: \_\_\_\_\_