

MuniServices, LLC • City of Palo Alto Business Registry • 555 Bryant Street #821 • Palo Alto, CA 94301
Toll Free Phone: (866) 240-3665 • Fax: (855) 219-4338 • Email: bizlicensesupport@muniservices.com

Instructions:

- Review/Complete this form in its entirety as instructed.
- Sign/complete the Sworn Statement at the bottom of the application.
- Remit completed application and payment to MuniServices at the address listed above.

Check one:

- New Business or Change in Ownership**
- Renewal – Existing Business**
- Information Update Only (Example: Change in phone #, additional location, contact info, etc.)**
MuniServices Account # _____
(Provide if existing/renewal.)

Basic Information and Business Information

Business Name: _____

Physical Business Address: _____
Street #, name and suite/building # (or PO Box) City State Zip

Main Telephone Number: (____) _____

Business Structure (select one):

- Sole Proprietorship General Partnership Limited Partnership Limited Liability Partnership
- Limited Liability Company Corporation Trust Joint Venture Other (select if no business structure)

Business Inception Date: _____ **Date You Moved to Fixed Place of Business in Palo Alto:** _____
(mm/dd/yyyy) (mm/dd/yyyy)

Brief Business Description: _____

Applicant Information

First Name: _____ **Last Name:** _____ **Email Address:** _____

Phone Number: (____) _____ **Mailing Address:** _____
Street #, name and suite/building # (or PO Box) City State Zip

Applicant Role (select one): Owner or Principal Employee* Administrative or Operational* Other*

**If you selected Employee, Administrative/Operational, or Other, complete the information below for the Owner/Principal.*

Exempt Business Determination – SECTION REQUIRED FOR ALL BUSINESSES

Certain business types are exempt from the business registration process.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a very small business or nonprofit with less than 1 full-time equivalent employee on site (including owner)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a home-based or transitory business?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a religious organization with no ancillary business on site?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has your business relocated outside of the City of Palo Alto in the past year?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your business permanently closed?

REQUIRED FOR ALL APPLICANTS:

_____(initial) **I declare under penalty of perjury that the answers to the above 5 questions regarding my exemption status are true and correct to the best of my knowledge.**



If you answered YES to at least 1 of the 5 questions above: Initial both additional statements below, sign, date and remit page 1 of this application to MuniServices. No payment is due.

If you answered NO to all 5 of the above questions: Skip to the Principal or Owner section and complete the remaining application.

_____(initial) I declare under penalty of perjury that the information provided in this Application is true and correct as per the BRC Terms and Conditions. (See reverse side of application.)

_____(initial) I understand that payment of this business fee DOES NOT represent approval of my use/business with respect to zoning, County Health Department approval, hazardous materials use or storage, wastewater discharge, or any other requirement. Further, I recognize that it is my responsibility to secure appropriate clearances and that is advisable for me to secure such requisite approvals prior to establishing this business and paying this business registry fee.

Authorized Signature

Printed Name

Date

Principal or Owner (if not provided above)

First Name: _____ **Last Name:** _____
Email Address: _____ **Phone Number:** (____) _____
Mailing Address: _____
Street #, name and suite/building # (or PO Box) City State Zip

Primary Physical Address (where the business is located)

Primary Physical Address: _____
Street #, name and suite/building # City State Zip

Floor Business is Located: _____ **Square Footage:** _____

Total # of Employees at this Location: _____
(This includes the maximum # of part-time and full-time employees, contractors, and/or volunteers on site during your peak time.)

Number of parking permits purchased for employees at this site: _____
(This is the # of annual of permits your business purchases for employees at this location to park within the City of Palo Alto.)

Number of parking spaces dedicated to your business on site: _____
(This is the # of off-street spaces that your business has exclusive (private) access to. If you share exclusive (private) access with other firm(s), divide total spaces by # of firms, e.g. if there are 10 spaces shared by 2 firms, use 5 spaces as your answer here.)

Is this your primary mailing address? Yes No
(If response is No, go to the Mailing Address section on page 3 and provide a different address than the site you are using for your primary physical address.)

Do you have any other registered businesses or entities on site? Yes No
(If response is Yes, go to the Additional Business Entities section on page 3 and provide the names of all entities.)

Does your business have additional locations in the City of Palo Alto? Yes No
(If response is Yes, go to the Secondary Locations section on page 3 and provide information for all locations.)

Hours of Operation

Day of Week	Check if Closed	Open Time <small>Please estimate your opening and closing times to the nearest 30-minute increment.</small>	Close Time <small>Please estimate your opening and closing times to the nearest 30-minute increment.</small>
Monday	<input type="checkbox"/>	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Tuesday	<input type="checkbox"/>	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Wednesday	<input type="checkbox"/>	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Thursday	<input type="checkbox"/>	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Friday	<input type="checkbox"/>	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Saturday	<input type="checkbox"/>	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Sunday	<input type="checkbox"/>	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM

Business Registrations

If you have any Federal or State registration numbers for your business, please report them below.

FEIN: _____ **Reseller's License Number:** _____ **State of Incorporation:** _____

Transportation Demand Management/Commuter Benefits

Does the business provide any of the following benefits for employees?

- | | | |
|--|--|---|
| <input type="checkbox"/> Flexible work hours | <input type="checkbox"/> Car or bike share program for employees | <input type="checkbox"/> Pre-tax payroll deduction for transit passes |
| <input type="checkbox"/> Shuttle service | <input type="checkbox"/> Subsidized public transit | <input type="checkbox"/> On-site bike parking |

Let us know if you are interested in learning more about commuter programs within the City of Palo Alto.

- | | | |
|--|-----------------------------------|--|
| <input type="checkbox"/> SamTrans | <input type="checkbox"/> Zipcar | <input type="checkbox"/> Palo Alto Free Shuttle |
| <input type="checkbox"/> Bike Boulevards | <input type="checkbox"/> Caltrain | <input type="checkbox"/> Transportation Management Association |
| <input type="checkbox"/> Bay Area Bike Share | <input type="checkbox"/> VTA | |

Mailing Address (Section is required if you answered NO to the primary mailing address question on page 2.)

Let us know if you would prefer correspondence sent to a different address than the site for your primary physical address.

Street #, name and suite/building # (or PO Box)

City

State

Zip

Additional Business Entities (Section is required if you answered YES to additional business entities on page 2. Enter info for all associated business names. If more than 6, include on a separate sheet.)

Many business locations contain more than one entity, particularly in the case of commercial real estate offices, financial or investment services and medical uses. Please share the legal names of the other associated entities on site.

Associated Business Name 1	
Associated Business Name 2	
Associated Business Name 3	
Associated Business Name 4	
Associated Business Name 5	
Associated Business Name 6	

Secondary Locations – Section is required if you answered YES to additional locations on page 2. Enter all info for all secondary locations your business maintains within Palo Alto. If more than 4, include on a separate sheet.

Secondary Location 1 Address: _____
Street # and name (or PO Box) Suite or Bldg # City State Zip

Floor Business is Located: _____ **Square Footage:** _____ **# of Employees at this Location:** _____

Number of annual parking permits purchased from the City for your employees at this site: _____

Number of parking spaces dedicated to your business on site: _____

Secondary Location 2 Address: : _____
Street # and name (or PO Box) Suite or Bldg # City State Zip

Floor Business is Located: _____ **Square Footage:** _____ **# of Employees at this Location:** _____

Number of annual parking permits purchased from the City for your employees at this site: _____

Number of parking spaces dedicated to your business on site: _____

Secondary Location 3 Address: : _____
Street # and name (or PO Box) Suite or Bldg # City State Zip

Floor Business is Located: _____ **Square Footage:** _____ **# of Employees at this Location:** _____

Number of annual parking permits purchased from the City for your employees at this site: _____

Number of parking spaces dedicated to your business on site: _____

Secondary Location 4 Address: : _____
Street # and name (or PO Box) Suite or Bldg # City State Zip

Floor Business is Located: _____ **Square Footage:** _____ **# of Employees at this Location:** _____

Number of annual parking permits purchased from the City for your employees at this site: _____

Number of parking spaces dedicated to your business on site: _____

Calculation

- A) Business Registry Fee: (A) \$ 50.00
Name change or change of location = \$0.00 fee
- B) CA Senate Bill (SB) 1186 (CASp) Fee: (B) \$ 4.00
Name change or change of location = \$0.00 fee
- C) Late Penalty: (C) \$ _____
New Businesses/Change of Ownership/FEIN Change = not applicable
Renewals paid on or after May 1st = Add \$25.00 late fee
Renewals paid on or after June 1st = Additional \$25.00 late fee
- D) **Total Due (sum of lines A, B and C):** (D) \$ _____
Make check payable to "Tax Trust Account" and remit to the address at the top of this application.

Internal posting code: 9932
Schedule 50.00

Sworn Statement

_____(initial) I declare under penalty of perjury that the information provided in this Application is true and correct as per the BRC Terms and Conditions.

_____(initial) I understand that payment of this business fee DOES NOT represent approval of my use/business with respect to zoning, County Health Department approval, hazardous materials use or storage, wastewater discharge, or any other requirement. Further, I recognize that it is my responsibility to secure appropriate clearances and that is advisable for me to secure such requisite approvals prior to establishing this business and paying this business registry fee.

Authorized Signature

Printed Name

Date

Returned Check Disclaimer: Effective July 1, 2010, each returned item received by MuniServices, LLC due to insufficient funds will be electronically represented to the presenters' bank no more than two times in an effort to obtain payment. MuniServices, LLC is not responsible for any additional bank fees that will accrue due to the submission of the returned item. Please see the full returned check policy at www.revds.com/taxpayer/return-check-disclaimer. **CASp Fee:** On September 19, 2012, Governor Brown signed Senate Bill 1186 (SB 1186) into law. SB 1186 is intended to increase disability access, encourage compliance with construction-related accessibility requirements, develop education resources for businesses, and facilitate compliance with Federal and State disability laws. From January 1, 2013, and until December 31, 2017, cities and counties were required to collect a State mandated fee of \$1.00 from "any applicant for a local business license or equivalent instrument or permit, and from any applicant for the renewal of a business license or equivalent instrument or permit." **Assembly Bill 1379 was passed on October 11, 2017 which extends the assessment of the fee indefinitely and also the State mandated fee from \$1.00 to \$4.00 from January 1, 2018 until December 31, 2023.** The City is required by law to inform you of the following: 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: <http://www.dgs.ca.gov/dsa/Home.aspx>; The Department of Rehabilitation at: <http://www.rehab.cahwnet.gov/>; The California Commission on Disability Access at: <http://www.ccca.ca.gov>

Terms and Conditions

Note: Payment of a business registry fee and issuance of a business registry certificate do not necessarily entitle you to conduct business in the City of Palo Alto. As the owner or operator of a business, you must comply with all applicable zoning and public safety regulations and obtain all required permits.

THIS LISTING IS NOT A COMPLETE LISTING OF CLEARANCES THAT MIGHT BE REQUIRED.

1. If you intend to alter, remodel, relocate, or install any structural, electrical, plumbing, or mechanical portions of the building, you will need to obtain building permits from the Development Services Department at (650) 329-2496.
2. Businesses involving any use changes, exterior building changes, or sign changes are advised to secure Department of Planning and Community Environment approval prior to lease execution or purchase. Contact the Planning and Community Environment Department at (650) 329-2442.
3. Businesses operated out of the home must comply with Home Occupation Regulations (Section 18.42.060 of the Municipal Code).
4. If you intend to serve food or beverages on the premises, you must obtain approval from the Santa Clara County Health Department. For information, call (408) 737-1018.
5. If your business uses or stores hazardous materials (including paints, thinners, solvents, acids, compressed gases, etc.), you may be required to obtain a Hazardous Materials Permit from the Fire Department. NOTE: Certain hazardous materials and processes such as spray-painting, welding, etc., are NOT ALLOWED in certain buildings. Contact the Fire Department at (650) 329-2184 for information on permitted uses within the City.
6. Industries discharging processed wastewater down the sewer, such as machining fluid, water from glass washing, chemical neutralization, etc., may be required to obtain an Industrial Waste Discharge Permit from the Public Works Department. For more information, call (650) 329-2122.
7. Police Department approval is required for live entertainment, gaming, massage establishments, and outcall massage services. For more information, call (650) 329-2147.
8. If there is a change of ownership, you are required to obtain a new business registration certificate and are subject to any associated fees and approvals.