



# CITY OF MILLBRAE

621 Magnolia Avenue, Millbrae, California 94030  
Attn: Bus. License Dept. • (650) 259-2350 • 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. \_\_\_\_\_

BUSINESS LICENSE NO. \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

TOTAL FEE \$ \_\_\_\_\_

DATE PAID \_\_\_\_\_ Cash Check Charge

CHECK/CARD NO. \_\_\_\_\_

### License Reviewed & Approved By:

Planning Dept. \_\_\_\_\_

Comments: \_\_\_\_\_

Police Dept. \_\_\_\_\_

Comments: \_\_\_\_\_

Fire Dept. \_\_\_\_\_

Comments: \_\_\_\_\_

Sanitation Dept. \_\_\_\_\_

Comments: \_\_\_\_\_

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	\$ 4.00
TOTAL DUE	\$

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](http://www.dgs.ca.gov/dsa/Home.aspx) - The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov) - The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov).

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 \_\_\_\_\_

ADDITIONAL INFORMATION	BUSINESS LICENSE TAX SUMMARY								
<p><b>ENTER BELOW PROPERTY OWNER INFORMATION</b></p> <p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone (    ) _____ Cell Phone (    ) _____</p> <p>Location of Rental Property _____</p> <p>Number of Apt./Condominium Units for Rent: _____</p> <p>Sq. Ft. of Commercial Property for rent/lease: _____</p> <p><b>ENTER BELOW EMERGENCY CONTACT</b></p> <p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone (    ) _____ Cell Phone (    ) _____</p> <p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone (    ) _____ Cell Phone (    ) _____</p> <p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone (    ) _____ Cell Phone (    ) _____</p> <p><b>PLEASE COMPLETE THE FOLLOWING QUESTIONS:</b></p> <p>Do you anticipate any electrical, structural or sign changes? If Yes, explain: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is this business involved in importing? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide details: _____</p> <p>Product _____ Country _____</p> <p>Is this business involved in exporting? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide details: _____</p> <p>Product _____ Country _____</p> <p>Hours of Operation: _____</p> <p>Is this business involved in dispensing or selling alcoholic beverage? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is this business involved in any way with fire-arms or explosives? If Yes, explain: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Smoke Detector in Office? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>List of hazardous materials produced, sold or used: _____</p> <p>Has your business license ever been revoked or suspended? If Yes, explain: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Number of State Licensed Professionals working in Millbrae? _____</p>	<p>Administrative Headquarters \$ 64.00 plus \$4.25 per employee</p> <p>Application Fee \$ 32.00</p> <p>Billiards, pool tables \$ 64.00 plus \$32.00 per table</p> <p>Contractors, general \$160.00</p> <p>Contractors, specialty and subcontractors \$ 80.00</p> <p>Gardners \$ 80.00</p> <p>Home Occupations \$ 27.00 if gross receipts are less than \$15,000 per year; otherwise based on applicable classification of business activity</p> <p>Manufacturing \$ 64.00 plus \$4.25 per employee, plus application of gross receipts schedule</p> <p>Massage Establishment \$370.00 (Initial) \$210.00 (Renewal)</p> <p>Massage Technician \$105.00</p> <p>Miscellaneous \$ 64.00 plus \$4.25 per employee or unit</p> <p>Pawnbroker \$370.00</p> <p>Professionals \$210.00</p> <p>Public Utility \$ 64.00 plus \$ .32 per \$1,000 of gross receipts</p> <p>Real Estate Brokers \$210.00</p> <p>Real Estate Agents \$ 53.00</p> <p>Recreation &amp; Entertainment \$ 64.00 plus \$4.25 per employee, plus application of gross receipts schedule</p> <p>Rental of Property - Commercial \$ 64.00 plus \$10.60 per 1,000 sq. ft.</p> <p>Rental of Property - Residential \$ 64.00 plus \$5.30 per unit</p> <p>Research &amp; Development \$ 64.00 plus \$ .32 per \$1,000.00 cost of operations</p> <p>Retailing \$ 64.00 plus \$4.25 per employee, plus application of gross receipts schedule</p> <p>Seasonal Sales - Monthly \$ 64.00 plus \$120.00 per month</p> <p>Seasonal Sales - Yearly \$ 64.00 plus \$530.00 per year</p> <p>Services \$ 64.00 plus \$4.25 per employee, plus application of gross receipts schedule</p> <p>Services, Motel/Hotel \$ 64.00 plus \$4.25 per room, plus application of gross receipts schedule</p> <p>State CASp Fee \$ 4.00</p> <p>Theaters \$ 64.00 plus \$ .50 per seat</p> <p>Transportation of Persons and goods \$ 64.00 plus \$64.00 per vehicle &amp; driver</p> <p>Vending Machines \$ 64.00 plus \$ .32 per \$1,000.00 gross receipts</p> <p>Warehousing \$ 64.00 plus \$ .32 per \$1,000.00 cost of operations</p> <p>Wholesaling \$ 64.00 plus \$4.25 per employee, plus application of gross receipts schedule</p>								
<p><b>GROSS RECEIPTS SCHEDULE</b></p> <p>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:</p> <table style="width:100%; border: none;"> <thead> <tr> <th style="text-align: left;">Gross Receipts</th> <th style="text-align: left;">Tax Rate</th> </tr> </thead> <tbody> <tr> <td>Over \$ 750,000 and under \$ 5,000,000</td> <td>\$ .30 / 1,000 gross receipts</td> </tr> <tr> <td>Over \$ 5,000,000 and under \$10,000,000</td> <td>\$ .25 / 1,000 gross receipts</td> </tr> <tr> <td>Over \$10,000,000</td> <td>\$ .20 / 1,000 gross receipts</td> </tr> </tbody> </table>	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	
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