

TOWN OF TIBURON
1505 Tiburon Blvd., Tiburon, Ca 94920
(415) 435-7373

APPLICATION FOR BUSINESS LICENSE

1. Business Information:

- a. Business Name _____
- b. Type of Business (describe) _____
- c. Business Location (Street) _____
(City) _____ State _____ Zip _____
- d. Business Mailing Address (Street) _____
(City) _____ State _____ Zip _____
- e. Business Phone No. () _____ Other Phone No. () _____
- f. Sales Tax ID # _____
- g. Date Business Commenced in Tiburon _____
- h. Business Category (circle one) **Retail** **Wholesale** **Professional** **Delivery** **Main Street Sales**

Apartment Owner

2. Owner Information:

- a. Owner(s) Name _____
- b. Owner(s) Address (Street) _____
(City, State, Zip) _____
(Phone Number) _____
- c. Owner(s) Drivers License No. & Exp. Date _____
- d. Ownership Type:
Sole Proprietorship _____ Social Security No. _____
Partnership _____ Federal Employers ID No. _____
Corporation _____ Federal Employers ID No. _____

I hereby certify under penalty of perjury that the information provided in this application is true and I am in compliance with all applicable state and county ordinances governing my business.

Authorized Signature _____ Date _____
Print Name _____ Title _____

For questions regarding the application or in determining payment required, contact the Business License Department at (415) 435-7373.

**RETURN THIS APPLICATION WITH A CHECK FOR YOUR BUSINESS LICENSE TAX
PAYABLE TO "TOWN OF TIBURON" AND MAIL TO 1505 TIBURON BLVD., TIBURON, CA
94920.**