



P. O. Box 8112
 San Luis Obispo, CA 93403
 (805) 781-7134 • bt@slocity.org

BUSINESS LICENSE AND TAX RENEWAL 1st NOTICE

**PAYMENT DUE
DATE**

07/31/2009

New License Period is: 07/01/2009 - 06/30/2010

BUSINESS LICENSE NO. 000467		EXPIRATION DATE 06/30/2009	
Business Name and Location	Abc Company 990 Palm San Luis Obispo, CA 93401	Phone No.	Start Date 11/01/1987
		Fax No.	Rate Type GS
			SIC Code 7011001
			NAIC Code 721110
Mailing Address	ABC COMPANY 990 PALM SAN LUIS OBISPO CA 93401		Ownership Corporation
			Email
			State License No.
			License Type
			Expiration Date
Description of Business:	Hotels and Motels		
APN	Federal ID No.	State ID No. 000-0000-0	Resale No.

Owners, Partners, or Corporate Officers - Please make any necessary corrections.

Name	Title	Date of Birth
Address	Phone #1	SSN #
	Phone #2	

• Renewal Message •

- Enter your Gross Receipts from last year in the box at the right.
If your gross receipts are zero, please provide an explanation as to why your business earned no receipts.
- If line 1 is between \$0 and \$50,000 the tax due is \$25.00.
If line 1 is over \$50,000 compute the tax due by multiplying the amount of line 1 by .0005.
- Business License Fee is \$34.**
- If paid after July 31st, please add \$10.00 per month or 1.5% of the outstanding balance, whichever is greater.
- Administrative Citations will be assessed after January 2010.
- Add boxes 2-5 at the right to compute the total tax and license due.
- Please sign and return this form with your payment.

PLEASE MAKE CHANGES TO YOUR ACCOUNT BY COMPLETING THE BACK OF THIS FORM.

IF YOUR LOCATION HAS CHANGED WITHIN CITY LIMITS ZONING CLEARANCE IS REQUIRED AND AN ADDITIONAL FEE OF \$79 WILL APPLY.

MISSING OR INCOMPLETE INFORMATION CAN DELAY THE APPROVAL OF YOUR RENEWAL.

If business is no longer active in San Luis Obispo, please enter closing date here and return to the address above. Date: _____.

I reviewed this renewal notice and the information is accurate to the best of my knowledge. I understand the issuance of a business license and tax certificate does not constitute proof of compliance with other city, county, state, and federal regulations.

Signature of Owner or Representative

Date

PLEASE COMPLETE THE FOLLOWING:

1. Actual Gross Receipts	\$ <input style="width: 90%;" type="text"/>
<hr/>	
2. Business Tax Amount	\$ <input style="width: 90%;" type="text"/>
3. Business License	\$ <input style="width: 90%;" type="text" value="34.00"/>
4. Penalty	\$ <input style="width: 90%;" type="text"/>
5. Administrative Citations	\$ <input style="width: 90%;" type="text"/>
6. TOTAL AMOUNT DUE	\$ <input style="width: 90%;" type="text"/>

We accept Mastercard or Visa

Cash Check # _____ Credit Card

Name as it appears on Credit Card: _____

Account #: _____

Expiration Date: _____

Amount Authorized: \$ _____

➔ PLEASE MAKE CHANGES TO YOUR ACCOUNT BY COMPLETING THE BACK OF THIS FORM. NOTE: MISSING OR INCOMPLETE INFORMATION CAN DELAY THE APPROVAL OF YOUR RENEWAL.

• RETURN COMPLETED RENEWAL NOTICE TO ABOVE ADDRESS WITH A CHECK PAYABLE TO CITY OF SAN LUIS OBISPO •