



CITY OF SALINAS
Finance Department
 200 Lincoln Ave., Salinas CA 93901
 MAIL TO: 200 Lincoln Ave., Salinas CA 93901
 (831) 758-7211 9:00 a.m. - 4:00 p.m. M-F
 ebizlicense@ci.salinas.ca.us

Business License Number

Business License Application

NOTICE: Issuance of a business license does not allow you to engage in business where your operation would be in violation of other city ordinances. Chapter 19-3 of the Salinas City Code provides that licenses are subject to all city regulations, including those pertaining to health and safety, use of property and zoning. You are urged to check with the appropriate city departments for further information about these regulations prior to paying your licenses.

Print or type all applicable information

Corporation Corporate Name: _____

Sole Proprietorship
 Partnership
 Non-Profit Org. (Exempt)
 LLC

Business Name (doing business as) _____

Business Description (detailed summary) _____

Business Address (address, city, state, zip code)
 Home based business? - Home Occupation Permit required

 Mailing Address if different from above (address, city, state, zip code)

Estimated Gross Receipts (12 months) _____ Sales Tax No. _____
(Section 19-23 Sales Tax No. is required)

Opening Date _____ Business Phone _____ Fax No. _____

No. of W2 employees _____ (SSN, FEIN) _____ State Contractors No. _____

E-Mail Address: _____

Owner or Officer Name(s)/Title:

Name	Address (City, State, Zip code)	Phone
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Name	Address (City, State, Zip code)	Phone
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Applicant Signature	Print (Signature Name)	Date
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The business license and processing fee are to be submitted with this application.

For Internal use only:

License tax: _____	Ord. Section. _____	License expiration date _____
Processing fee: _____ 6.50	Bus. Type _____	
ADA State fee: _____ 4.00		
License Fee due: _____	Date fee paid _____	Processed by _____
