



THE TOWN OF  
CORTE MADERA  
MARIN COUNTY CALIFORNIA

**FINANCE DEPARTMENT**  
**300 TAMALPAIS DRIVE AT WILLOW AVENUE**  
**PO BOX 159, CORTE MADERA, CA 94976-0159**  
**Phone (415)-927-6725**

APPLICATION FOR BUSINESS LICENSE – 2018  
BUSINESS LICENSE NO. \_\_\_\_\_

**FILL IN ALL APPLICABLE INFORMATION:**

New     Name Change     Owner Change     Address Change

Name of Business: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Exact Nature or Kind of Business: \_\_\_\_\_

Date Started in Corte Madera: \_\_\_\_\_ Nuclear Weapons Contractor: Yes \_\_\_ No \_\_\_

Email Address: \_\_\_\_\_ Medical Marijuana Dispenser: Yes \_\_\_ No \_\_\_

State Sales Tax No. \_\_\_\_\_ Contractor's License No. \_\_\_\_\_

Federal I.D. Tax Number: \_\_\_\_\_ State I.D. Tax No. \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**CLASSIFICATION OF BUSINESS (COMPLETE SIDE 2)**

Ownership Status:  Individual  Partnership  Corporation  Non-Profit

Business Owner's Printed Name: \_\_\_\_\_

Owner's Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

**EMERGENCY INFORMATION:** 1. \_\_\_\_\_ 2. \_\_\_\_\_  
(After 6:00 p.m.)                      Name                      Phone                      Name                      Phone

Method of Payment:  Cash  Check  Money Order  Visa/MasterCard

Visa/MasterCard No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT, TO THE BEST OF MY KNOWLEDGE,  
THE FACTS SUPPLIED ON THIS APPLICATION ARE A TRUE AND CORRECT STATEMENT.**

**Applicant's Signature:** \_\_\_\_\_ **Applicant's Printed Name:** \_\_\_\_\_

**Office Use Only:** Fee Paid: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ Receipt No. \_\_\_\_\_  
Visa/MC Auth. \_\_\_\_\_ SIC CODE: \_\_\_\_\_

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
Building Dept.                      Date                      Fire Dept.                      Date                      Planning Dept.                      Date

**CLASSIFICATION OF BUSINESS:**

**Please check the appropriate box and provide ALL information:**

- [ ] **(Code 200) Retail Sales and/or Services:**  
Average annual number of employees, including management. Full Time: \_\_\_\_ Part Time: \_\_\_\_
- [ ] **(Code 300) Wholesale, Manufacturing, Packaging, Processing, etc.**  
Average annual number of employees, including management. Full Time: \_\_\_\_ Part Time: \_\_\_\_
- [ ] **(Code 400) Contractor: List type(s) of licenses held and state license numbers: \_\_\_\_\_**  
**LIST SUBCONTRACTORS WITH MAILING ADDRESSES USED ON CURRENT JOB:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- [ ] **(Code 511) Professional Services (Accountant, Attorney, Doctor, Engineer, Masseuse, Travel Agency, etc.**  
Number of Professionals: \_\_\_\_\_ Number of Support Staff: \_\_\_\_\_  
Does this business conduct or offer Massage Services \_\_\_\_ Yes \_\_\_\_ No
- [ ] **(Code 520) Professional Services (Real Estate, artist, Broker, janitor/Gardener Service, etc).**  
Average annual number of employees, including management. Full Time: \_\_\_\_ Part Time: \_\_\_\_
- [ ] **(Code 801-805) Hotel/Motel:** List Number of units: \_\_\_\_\_
- [ ] **(Code 806) Apartments:** List Number of units: \_\_\_\_\_
- [ ] **(Code 900) Coin Operated Devices (Laundry Machines, Vending Machines, Game Machines, etc) provided by business.**  
List locations, type, and amount to operate and number at location:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- [ ] **(Code 151/152) Transportation or delivery of goods and services. (Excludes retail vehicles used only for delivery as customer convenience and no orders are taken).**  
Number of Vehicles used in Corte Madera Retail: \_\_\_\_\_ Wholesale: \_\_\_\_\_
- [ ] **(Code 250) Amusement Categories (Identify):** \_\_\_\_\_
- [ ] **(Code 500) Beauty Shops, Barbers, Schools:** Number of persons working on premises: \_\_\_\_\_
- [ ] **(Code 751-757) Other:** \_\_\_\_\_
- [ ] **(Code 999) Non-Profit Organization:** Please attach current Non-Profit Status: \_\_\_\_\_