



# Business License / Site Clearance Application

City of South San Francisco  
 PO Box 711 South San Francisco, CA 94083  
 650-877-8505  
 www.ssf.net

Business License # _____
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## Business Information

<input type="checkbox"/> New Business <input type="checkbox"/> Home Based Business <input type="checkbox"/> Location Change <input type="checkbox"/> Ownership Change <input type="checkbox"/> Contractor/Out of SSF									
Business Name									
Business Phone				Business Email					
Business Address			City		State			Zip Code	
Mailing Address <small>(if different from above)</small>			City		State			Zip Code	
CA Sellers Permit #			# of Full-Time Employees			# of Part-Time Employees			
Contractor Lic. #		Class	Date-Issued			Expiration Date			
Federal ID # or Social Security #				NAICS Code (if applicable)					

## Ownership Information

<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other:									
Owner Name:				Phone:		Email:			
Street Address			City		State			Zip Code	

## Emergency Information

In the event of a police or fire emergency, the information you provide will assist emergency services to contact you outside of business hours. The first contact person should be able to respond in a timely fashion and have the necessary means (keys, alarm codes, etc.) to enter the building. This information is confidential and will be used only in the event of an emergency.

Primary Contact		Phone:		<input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> Employee					
Secondary Contact		Phone:		<input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> Employee					
Tertiary Contact		Phone:		<input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> Employee					
Alarm Company (if applicable)				Phone:					

## Declaration

I declare under penalty of perjury that the information contained in this application is true and correct, and that all required licenses are in full force and effect. I understand that I have an obligation to ensure that I or my tenants obtain and maintain a valid Business License with the City in accordance with South San Francisco Municipal Code requirements. I understand that taxes are paid annually, in advance, and are not refundable. The receipt for payment does not constitute a license to operate.

After zoning, fire, police, and regulatory clearances are obtained, a Business License will be issued. I understand that the Business License must be posted in my place of business or carried. I agree to notify the City Finance Division of any change of location, ownership, business name, basis of tax, and termination of business. I agree to pay tax annually upon expiration of my license and I understand that the City is not required to issue renewal notices.

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:

- Division of State Architecture at <https://www.dgs.ca.gov/>
- Department of Rehabilitation at <http://www.rehab.cahwnet.gov/>
- California Commission on Disability Access at <http://www.cdda.ca.gov/>

Date	Property Owner Signature	Name
Date	Business Owner Signature	Name

## Business Description & Questionnaire

In the box below or on a SEPARATE sheet of paper please provide a preferably typed or hand-written description of the key operational aspects of the business, including but not limited to: a parking/circulation plan, site plan, site photos (if applicable), etc. Attach any additional documentation as needed. *Additional information may be requested by city staff.*

Nature of Business (ex. Retail, Manufacturing, Office, Restaurant)					
Former Use (of tenant space)		Tenant Space (Total sq. ft.)		# of tenant parking spaces*	
<i>*If on-site parking spaces are shared with other tenants please provide a shared parking agreement.</i>					
Hours of Operation (ex. 9a-5p)		Shift Hours (ex. 8:30a-1p, 1p-5:30p)		# of Work Shifts	
Employees per Shift		Delivery Frequency (ex. daily, weekly, Mon/Weds/Fri)			
Delivery Times (ex. 8:30a-9a, 4p-5:30p)			Size of Delivery Trucks (ex. commercial, freight)		
		Yes	No		
Selling/serving alcoholic beverages?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, ABC License type?		
Is a state license required?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what type?		
Will there be subleasing of the tenant space?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, briefly explain.		
Will you be utilizing any outdoor storage space?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, briefly explain.		
Will you be operating at any time between 12:00am – 6:00am?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, briefly explain.		
Will live entertainment be present?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, briefly explain.		
Any on-site motor vehicle repair or maintenance?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, briefly explain.		
Will vehicles be washed on-site?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, briefly explain.		
Does your business involve food preparation?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, briefly explain.		
Will there be any tenant improvements?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, briefly explain.		
Any hazardous materials present?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, briefly explain.		
Is there an existing fire sprinkler system?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, briefly explain.		

## Business Description

<b>Internal Use Only</b>	Did applicant submit a description?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
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