



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

BUSINESS LICENSE AND TAX RENEWAL

DOWNTOWN ASSESSMENT

"VERIFICATION"

New License Period is: 07/01/2008 - 06/30/2009

PAYMENT DUE

DATE

07/31/2008

BUSINESS LICENSE NO.	002056	EXPIRATION DATE	06/30/2008
Business Name and Location	Abc Company 123 Main St San Luis Obispo, CA 93401	Phone No.	Start Date 12/16/1988
Mailing Address	ABC COMPANY 123 MAIN ST SAN LUIS OBISPO CA 93401	Fax No.	Rate Type DGR
Description of Business:	Consultant		SIC Code
APN	Federal ID No.	State ID No. 000-0000-0	Resale No.
			NAIC Code
			Ownership Corporation
			Email
			State License No.
			License Type
			Expiration Date

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

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

• Renewal Message •

VERIFICATION OF GROSS RECEIPTS REQUIRED

1. 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.
2. 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.
3. If line 1 is between \$0 and \$273,000 the assessment due is \$150.00.
If line 1 is over \$273,000 compute the assessment by multiplying the amount of line 1 by .00055.
4. The Business License Fee is \$33.
5. If paid after July 31st, please add a Penalty of \$10.00 per month or 1.5% of the outstanding balance, whichever is greater.
6. Administrative citations will be issued after January 2009.
7. Add Boxes 2-5 at the right to compute the total amount due.
8. Please sign and return this form with your payment and verification.

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

IF YOUR LOCATION HAS CHANGED WITHIN CITY LIMITS, A ZONING CLEARANCE IS REQUIRED AND AN ADDITIONAL FEE OF \$76 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If business is no longer active in San Luis Obispo, please enter closing date here and return to the address above.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

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

PLEASE COMPLETE THE FOLLOWING:

1. Actual Gross Receipts	\$	
2. Business Tax Amount	\$	
3. Downtown Assessment	\$	
4. Business License	\$	33.00
5. Penalty	\$	
6. Administrative Citations	\$	
7. TOTAL AMOUNT DUE	\$	

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.