



FINANCE AND ADMINISTRATIVE SERVICES DEPARTMENT

500 CASTRO STREET • MOUNTAIN VIEW • CALIFORNIA • 94041

PHONE: 650-903-6317

Email: businesslicense@mountainview.gov

Website: www.mountainview.gov

BUSINESS LICENSE APPLICATION

This application must be filed with the Finance and Administrative Services Department and the applicable Business License Tax paid prior to the commencement of the business. If you have changed your business location, business name, or ownership, you are required to obtain a new business license application and are subject to any associated taxes, fees, and approvals.

BUSINESS INFORMATION

BUSINESS NAME:		DBA:	
BUSINESS PHYSICAL ADDRESS: <i>(P.O. Box not accepted)</i> Address: City: State: Zip:		BUSINESS MAILING ADDRESS: Address: City: State: Zip:	
BUSINESS PHONE:		CONTACT NAME:	
CONTACT EMAIL:		CONTACT PHONE:	
BUSINESS WITH MULTIPLE LOCATIONS IN MOUNTAIN VIEW: <input type="checkbox"/> YES <i>(Separate application per location)</i>		BUSINESS SQUARE FEET:	NO. OF RENTAL UNITS:
BUSINESS DESCRIPTION: <i>(i.e., Bank, Restaurant, etc.)</i>		START DATE IN MOUNTAIN VIEW:	
NAICS CODE: <i>(6 digits)</i>	MV CODE: <i>(4 digits)</i>	TOTAL NO. OF EMPLOYEES: <i>(Reported for this business location)</i>	
BUSINESS TYPE: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit <input type="checkbox"/> Trust <input type="checkbox"/> LLC <input type="checkbox"/> LLP		EXEMPTIONS (must complete affidavit to qualify): <input type="checkbox"/> Less than \$5,000 annual gross receipts <input type="checkbox"/> Nonprofit	
TAXPAYER ID (TIN) OR EMPLOYER ID (EIN) NO.:		<i>(Only applicable to businesses located outside of the City)</i>	
STATE SALES TAX PERMIT NO.: <i>(Seller's Permit)</i>		NO. OF WORK DAYS IN MOUNTAIN VIEW PER YEAR: <input type="checkbox"/> Less than 6 days <input type="checkbox"/> 6 to 64 days <input type="checkbox"/> 65 to 129 days <input type="checkbox"/> 130 or more days	
CSLB LICENSE NO.:	Exp Date:	NO. OF EE'S THAT TRAVEL TO MOUNTAIN VIEW PER YEAR:	

BUSINESS OWNER INFORMATION

BUSINESS OWNER'S NAME:	
OWNER'S PHYSICAL ADDRESS: <i>(P.O. Box not accepted)</i> Address: City: State: Zip:	OWNER'S MAILING ADDRESS: Address: City: State: Zip:
OWNER'S PHONE NUMBER:	OWNER'S EMAIL:

FOR OFFICE USE

Date Paid: _____ Total Paid: _____ Receipt No.: _____ Payment Method: _____ Staff Name: _____
Tax: _____ Penalty: _____ AB 1379: _____ BID 1: _____ BID 2: _____ Mobile: _____



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An application for a license may be denied and a license issued pursuant to this Chapter may be suspended or revoked by the tax administrator upon any of the following grounds identified herein: a false statement of fact or omission of a fact required to be revealed in an application for the license, or in any amendment or report or other information required to be made thereunder; the premises in which the licensed activity will occur or the proposed use for which the license is sought is in violation of any building, zoning, health, safety, fire, police, or other provision of this Code or of County, State, or Federal law which substantially affects the public health, welfare, or safety; or violation of the terms and conditions of the license or other requirements of this Chapter or the Mountain View City Code (Ord. No. 17.18, § 1, 11/16/18).

No license issued under the provisions of this Article shall be construed as authorizing the conduct or continuance of any illegal or unlawful business or any business in violation of any ordinance of the City.

I, the Owner/Applicant/Agent, agree to obtain the necessary review and approval and any necessary permits from the following City departments and agencies as noted below:

PLANNING DIVISION—ZONING/HOME OCCUPATION

Phone: 650-903-6306

Website: www.mountainview.gov/planning

Email: planning.division@mountainview.gov

Approval of zoning compliance for proposed use and business operations AND planning permits as necessary for change of use, site, building, or signage modifications. Home-based businesses (if applicable) are required to be in compliance with Home Occupation Regulations (City Code, Sections 36.28.75-36.28.90).

BUILDING INSPECTION DIVISION

Phone: 650-903-6313

Website: www.mountainview.gov/building

Email: building@mountainview.gov

All work in the building that business is located in is permitted prior to occupancy, execution of lease, or purchase, AND building permits are required for any proposed exterior or interior improvements to the building.

POLICE DEPARTMENT

Phone: 650-903-6350

Website: www.mountainview.gov/police

Approval and permits for live entertainment, gaming, massage establishments, outcall massage services, and cannabis businesses.

FIRE DIVISION—ENVIRONMENTAL SAFETY

Phone: 650-903-6378

Website: www.mountainview.gov/fire_enviro

Industries discharging processed wastewater down the sewer, such as machining fluid, water from glass washing, chemical neutralization, etc., require review by the Environmental Safety Division and may need to obtain a Wastewater Discharge Permit.

FIRE DIVISION—HAZARDOUS MATERIALS

Phone: 650-903-6378

Website: www.mountainview.gov/fire_hazmat

Email: hazmatpermit@mountainview.gov

The use or storage of hazardous materials (including, but not limited to, paints, thinners, solvents, acids, compressed gases, etc.) will require review and may need to obtain a Hazardous Materials Permit. Certain hazardous materials and processes, such as spray-painting, welding, etc., are prohibited.

SANTA CLARA COUNTY HEALTH DEPARTMENT

Phone: 408-918-3400

Website: www.sccgov.org

Serving food and/or beverages in business operations or on the premises will require approval from the Santa Clara County Health Department.

AUTHORIZATION SIGNATURES

I, the Owner/Applicant/Agent, affirm all the information above is true and correct, under penalty of perjury.

Print Name: _____ Signature: _____ Date: _____



AFFIDAVIT

The following information pertains to your claim for exemption for **either**:

1. The business license tax based on your business' annual gross receipts being \$0 to \$5,000 (complete Nos. 1 through 7 below); or
2. The qualified nonprofit organization (complete Nos. 1 through 6 and No. 8 below).

Please complete the following information, sign and date this Affidavit, and then return to the City of Mountain View with your completed forms:

1. Business Name _____
2. Business Location _____
3. Business License No. _____
4. First Date of Work in the City of Mountain View _____
5. Number of employees reported to Employment Development Department _____
6. Description of your business (what do you do?) _____

7. Gross receipts for the most recent calendar year (actual or estimated):
 - a. Year _____
 - b. Amount \$ _____ Actual Estimated
8. For a qualified nonprofit exemption, do you have an IRS Determination Letter (e.g., 501(c)(3)) confirming this exemption?
 Yes No (If yes, please provide a copy of the IRS letter with this form.)

AFFIDAVIT: I certify, under penalty of perjury, the information I provided above is true and correct, to the best of my knowledge.

Printed Name

Position Title

Signature

Date (mo./day/year)