

CITY OF MOUNTAIN VIEW  
 ATTN: BUSINESS LICENSE  
 POST OFFICE BOX 7540  
 MOUNTAIN VIEW, CA 94039-7540  
[finance@mountainview.gov](mailto:finance@mountainview.gov)



# APPLICATION FOR BUSINESS LICENSE

**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.**

\*\*\*PLEASE PRINT\*\*\*

Business Name		Business Address (Include Zip Code)			
Mailing Address (If Other than Business Address)		Business Telephone No.		Business Fax No.	
Nature of Business		No. of Rental Units	No. of Employees	Business Address Square Footage	
Name of Owner of Business		Date Business Started (in Mountain View)		State Sales Tax No.	
Home Address of Owner		Contact Person		Contact Person's Phone No.	
Home Telephone No.	Type of Ownership:	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	NAICS Code (6 digits)
		<input type="checkbox"/> Trust	<input type="checkbox"/> LLC	<input type="checkbox"/> LLP	
Business E-mail				Mountain View Code (4 digits)	

**THIS INFORMATION IS NOT A COMPLETE LISTING OF CLEARANCES THAT MIGHT BE REQUIRED**

1. If you intend to alter, remodel, relocate, or install any structural, electrical, plumbing, or mechanical portions of the building, you will need to obtain building permits from the Building Inspection Division of the Community Development Department at (650) 903-6313.
2. Businesses involving any use changes, exterior building changes, or sign changes are advised to secure Community Development Department approval prior to lease execution or purchase. Contact the Community Development Department at (650) 903-6306.
3. Businesses operated out of the home must comply with Home Occupation Regulations (Section A36.28.75 of the City Code).
4. If you intend to serve food or beverages on the premises, you must obtain approval from the Santa Clara County Health Department. For information, call (408) 737-1018. \_\_\_\_\_ Health Certificate No.
5. If your business uses or stores hazardous materials (including paints, thinners, solvents, acids, compressed gases, etc.), you may be required to obtain a Hazardous Materials Permit from the Fire Department. **NOTE:** Certain hazardous materials and processes such as spray-painting, welding, etc., are NOT ALLOWED in certain buildings. Contact the Fire Department at (650) 903-6378 for information on permitted uses within the City.
6. Industries discharging processed wastewater down the sewer, such as machining fluid, water from glass washing, chemical neutralization, etc., may be required to obtain a Wastewater Discharge Permit from the Fire Department. For more information, call (650) 903-6378.
7. Police Department approval is required for live entertainment, gaming, massage establishments, and outcall massage services. For more information, call (650) 903-6350. \_\_\_\_\_ Police Department Approval
8. If there is a change of ownership, business name, or location, you are required to obtain a new business license and are subject to any associated fees and approvals.

**NOTICE: I understand that payment of this business tax does NOT represent approval of my use/business with respect to zoning, County Health Department approval, hazardous materials use or storage, wastewater discharge, or any other requirement. Further, I recognize that it is my responsibility to secure appropriate clearances and that it is advisable for me to secure such requisite approvals prior to establishing this business and paying this business tax.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR CONTRACTORS

I herewith certify that I have been licensed pursuant to the provisions of Chapter 9 of Division 3 of the Business and Professions Code of the State of California and that my license is in full force and effect.

License No. \_\_\_\_\_

Signature \_\_\_\_\_

FOR HOME OCCUPATIONS

I am aware of the nine restrictions on "Home Occupations" per Section A36.28.75 of the City Code and will conform thereto if this license is granted.

Signature \_\_\_\_\_

FOR OFFICE USE

Date Paid \_\_\_\_\_ Cashier \_\_\_\_\_ Receipt No. \_\_\_\_\_ Total Paid \_\_\_\_\_

Fee \_\_\_\_\_ SB 1186 \_\_\_\_\_ BID 1 \_\_\_\_\_ BID 2 \_\_\_\_\_ Penalty \_\_\_\_\_

**BUSINESS LICENSE INFORMATION IS PUBLIC RECORD**