



City of Marina

Business License Application

• **Business Licensing Division** •
 8839 N Cedar Ave #212, Fresno, California 93720
 PH (831) 920-3890 • FAX (909) 348-0465
Apply Online Today At: <https://marina.hdlgov.com/>

OFFICIAL USE ONLY	
Business License No. _____	_____
Expiration Date _____	_____
NAIC Code _____	_____
License Fee \$ _____	_____
Check # _____	<input type="checkbox"/> Credit Card <input type="checkbox"/> Cash

PLEASE TYPE OR PRINT WITH PEN

Business Name _____ Corporate Name _____ <small>(if applicable)</small> Business Location _____ <small>(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)</small> Mailing Address _____ Phone No. _____ Alt. No. _____ Description of Business _____ Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Corp-Ltd Liability <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust <input type="checkbox"/> Non-Profit	Bus. Start Date _____ <input type="checkbox"/> New Application <input type="checkbox"/> Change <input type="checkbox"/> Home Occupation Email Address _____ State Sales Tax No. _____ Federal ID No. _____ State ID No. _____ State License No. _____ State License Type _____ Expire Date _____
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PERSONAL INFORMATION - Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary)

1st Owner Name _____ Title _____ Home Address _____ <small>(Cannot be P.O. Box)</small> 2nd Owner Name _____ Title _____ Home Address _____ <small>(Cannot be P.O. Box)</small>	Social Security No. _____ Driver's License No. _____ Home Phone No. _____ Cell Phone No. _____ Social Security No. _____ Driver's License No. _____ Home Phone No. _____ Cell Phone No. _____
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● Have you filed a Fictitious Business Name Statement? Yes No If yes, please attach copy of approved filed FNS.

EMERGENCY NOTIFICATION - In case of emergency and I cannot be reached, please call:

Name _____	Title _____
Address _____	Phone No. _____
	Cell Phone No. _____

PLEASE FILL IN THE APPROPRIATE BOXES BELOW AND SIGN

CERTIFICATION AND ACKNOWLEDGEMENT
 I declare under penalty of perjury that the statements made in this application are true. I further agree that business shall be conducted in accordance with the City of Marina Municipal Code Chapter 5 Business Licenses. I understand that Sales or Use Tax may apply to my business activities. Upon issuance of a Business License, it shall be my responsibility to renew the license annually by June 30th.

SIGN HERE

➔ _____
 Signature of Owner or Representative

Title _____ Date _____

*Thank you for doing business
in the City of Marina*

Business License Application Fees			
No. of Residential Rental Units	# <input style="width: 40px;" type="text"/>	No. of Owners/Employees	# <input style="width: 40px;" type="text"/>
		Estimated First Year Annual Gross Receipts (GR) for Sales and/or Services	\$ <input style="width: 100px;" type="text"/>
		Sq. ft. of business if in city limits	SF <input style="width: 40px;" type="text"/>

NOTICE: 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: The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx - The Department of Rehabilitation at www.rehab.cahwnet.gov - The California Commission on Disability Access at www.ccca.ca.gov.

RETURN APPLICATION BY MAIL TO:
 City of Marina - Business Licensing
 8839 N. Cedar Ave #212
 Fresno, CA 93720-1832

SCAN & RETURN APPLICATION BY EMAIL TO:
Support@HdLgov.com