



TOWN OF FAIRFAX

142 BOLINAS ROAD
(415) 453 - 1584

FAIRFAX, CALIFORNIA 94930
FAX (415) 453 - 1618

APPLICATION FOR MUNICIPAL BUSINESS LICENSE

Business Classification:

Prior Year Fee:

Current Year Fee: _____

(see current fee schedule enclosed)

Dear Fairfax Business License Holders and Applicants:
Your 2017 Business License Fee is due January 1st and becomes delinquent February 1st. If the fee is not paid within 30 days of the due date, a \$10 dollar penalty will be assessed for each month or portion of the month during which the fees remain unpaid. Please complete and return this business license application, including the appropriate section on the reverse side with your check payable to the "Town of Fairfax." If you have any questions, please contact Susan Waters at (415) 458-2342. Thank you and best wishes for a happy, healthy, and prosperous New Year! PLEASE SHARE YOUR E-MAIL ADDRESS: _____

Name of Business: _____

Business Address: _____

City: _____ **State:** _____ **ZIP:** _____

Business Phone: _____

Owner of Business: _____

Owner's Home Address: _____

Owner's Phone: _____

Describe the Business: _____

Employer Identification: _____ **Ownership Type:** _____
(or Social Security No.) (Corporation, Sole Proprietorship, etc.)

State Sales Tax No.: _____

FOR STAFF USE:			
DATE: _____	REC. # _____	PERMIT # _____	
LIC. # _____	FEE: _____	CONTROL # _____	

SIGNATURE OF APPLICANT

PENALTY FOR VIOLATION in accordance with Ordinance #516, Section 1-8:

The undersigned does hereby DECLARE UNDER PENALTY OF PERJURY that all information given in this application is true and correct.

SIGNATURE _____ DATE _____

PRINT NAME _____

