

**City of Sausalito**  
**Business License Processing Center**  
**3001 Bridgeway, #363**  
**Sausalito, CA 94965**  
**800-987-0999**



## Temporary Business License Application / Renewal

Event Year: \_\_\_\_\_

Business Name \_\_\_\_\_  
Business Phone \_\_\_\_\_  
Business Description **TEMPORARY BUSINESS LICENSE**  
Business Class Code **TEMP**  
Business Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Temporary Business License

*Please remit the below fees based on the number of days business is conducted within the City of Sausalito.*

#### (1) Temporary Business License Tax Rate:

- (a) 1-Day Special Event = \$20.00
- (b) 2-Day Special Event = \$35.00
- (c) 3-Day Special Event = \$50.00

(2) **Total License Amount Due:** \$ \_\_\_\_\_ [Enter Rate **1(a)**, **1(b)**, or **1(c)** on this line].

(3) **Processing Fee** \$ 15.00

(4) **Total Amount Due:** \$ \_\_\_\_\_ [Add line 3 and 4].

*This is to acknowledge I am the owner of the business declared above. I am paying the current year license fee. I understand that if I submit false information, it is a violation of the city ordinance and will be held responsible to the fullest extent.*

Owner's Name \_\_\_\_\_  
(Please print)

Signature \_\_\_\_\_

Date \_\_\_\_\_

# City of Sausalito Declaration of Information

Please complete this form in its entirety as it applies to your business activity in the City of Sausalito. If you need any assistance completing this application, please contact an MMC Representative, Monday through Friday, 9:00am to 5:00pm Pacific Time

## Section I

## Variable Information

Business Name	Phone #	Fax #	
Business Address	City	State	Zip
Mailing Address (if Different)	City	State	Zip
E Mail Address (optional)			
Owner Name	Phone #		
Owner Address	City	State	Zip
SSN/FEIN #	SEIN #		
State Resale License #	Contractor License #		
Start Date of Business:	_____		
Description of Business:	_____		

## Section II

## Certifications

*I certify under the penalty of perjury that the information in Section I is accurate and correct to the best of my knowledge and belief.*

Signature of person authorized to sign for firm

Date

Phone Number

\_\_\_\_\_

Title

**City of Sausalito**  
Credit Card Authorization Form

Card Type: \_\_\_\_\_ Visa  \_\_\_\_\_ MasterCard 

Card Holder Name \_\_\_\_\_

Credit Card Number \_\_\_\_\_

CVV2\* \_\_\_\_\_ (3-digit number on back of card)

Card Expiration Date \_\_\_\_\_

Billing Address of Card Holder \_\_\_\_\_

Billing Zip Code of Card Holder \_\_\_\_\_

Amount of Payment \$ \_\_\_\_\_

*I hereby authorize the City of Sausalito to utilize the credit card listed above for payment of my business license taxes. must be satisfied prior to a business license being issued.*

**Authorized Signature** \_\_\_\_\_

**Date** \_\_\_\_\_