

Campbell Finance Department  
70 North First Street  
Campbell, CA 95008  
(408) 866-2174

FOR OFFICE USE ONLY:

Business license no: \_\_\_\_\_

SIC/Class code: \_\_\_\_\_

**FLAT FEE: \$109.00**

**CITY OF CAMPBELL  
LICENSE APPLICATION FOR AN OUT OF TOWN BUSINESS**

1. **All questions on this form must be answered or designated not applicable (N/A), as appropriate.**
2. Additional information may be required pursuant to City of Campbell Title 5.
3. Applicants are required to declare, under penalty of perjury, that the statements made herein are true.
4. In order to comply with requirements of the State Controller's Office under Revenue & Tax Code Sec 19286.8, business licenses cannot be issued without this information.

**PLEASE TYPE OR PRINT ALL INFORMATION**

1. **BUSINESS NAME:** \_\_\_\_\_  
(Limited to 35 spaces)

2. **BUSINESS ADDRESS:** \_\_\_\_\_  
(Number) (Street) (Do not use a P O Box or private mail box addresses) (Suite/Apt #) City (State) (Zip)

3. **MAILING ADDRESS:** \_\_\_\_\_  
(If different from above) (Number) (Street) (Suite/Apt #) (City) (State) (Zip)

4. **BUSINESS TELEPHONE NUMBER:** \_(\_\_\_\_)\_\_\_\_\_ 5. **EMAIL:** \_\_\_\_\_

6. **FED EMPLOYER ID #:** \_\_\_\_\_ 7. **SOCIAL SECURITY #:** \_\_\_\_\_

8. **STATE EMPLOYER ID #** \_\_\_\_\_ 9. **RETAIL SALES TAX #:** \_\_\_\_\_

10. **OWNER'S NAME:** \_\_\_\_\_ 11. **OWNER'S PHONE NO:** \_(\_\_\_\_)\_\_\_\_\_  
(Limited to 35 spaces)

12. **OWNER'S ADDRESS:** \_\_\_\_\_  
(Number) (Street) (Apt #) (City) (State) (Zip)

13. **TYPE OF OWNERSHIP (Check one):**  Sole Proprietorship  Partnership  Corporation  Trust  LLC

14. **TYPE OF BUSINESS (Be Specific):** \_\_\_\_\_

15. **CONTRACTOR STATE LICENSE NUMBER:** \_\_\_\_\_ **Class:** \_\_\_\_\_ **Expiration date:** \_\_\_\_\_ **Verified** \_\_\_\_\_

**DECLARATION**

**I DECLARE UNDER PENALTY OF PERJURY** that the foregoing is true and correct and if called as a witness I could competently testify

to the facts contained herein. Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ in the Town/City of \_\_\_\_\_,

County of \_\_\_\_\_, State of \_\_\_\_\_.

SIGNED: \_\_\_\_\_ TITLE: \_\_\_\_\_

**FOR OFFICE USE ONLY:** Receipt # \_\_\_\_\_

Total amount due : \$109.00

Date Paid: \_\_\_\_\_