



PLEASE COMPLETE THIS BUSINESS CERTIFICATE
APPLICATION AND RETURN TO THE
CITY OF SOLVANG

411 Second St. • Solvang, CA 93463 • Phone (805) 688-5575 •
Fax (805)686-2049

PLEASE CHECK ONE

- New Application
- Change of Owner
- Change of Business Name / Address

Business Name: _____ Business Start Date: _____

Business Physical Location: _____ Number of Employees: Full Time _____
Part Time _____

Business mailing address: City/State: _____

Business Phone: _____ Business Email address: _____

Business Fax: _____

FEDERAL TAX ID NO: _____ STATE ID NO: _____ RESALE NO: _____

Description of Business: _____

Ownership: Sole Proprietor Partnership Corporation Corp-LTD Liability

IT IS MANDATORY THAT YOU LIST YOUR FEDERAL TAX ID NUMBER OR IF NONE, THE LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER _____

Business Owners Name: _____ Business Phone No.: _____

Business Owners Address: _____ Cell Phone No.: _____

Business Email address: _____

Property Owners/Managers Name: _____ Business Phone No.: _____

Property Owners Business Address: _____ Email address: _____

Cell Phone No.: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Square foot of business space: _____

APN Number: _____

Floor plan of business space: _____

Zoning: _____

I declare, under the penalty of making a false declaration, that I am authorized to complete this form and to the best of my knowledge and belief it is true, correct, and complete statement, made in good faith. I understand and agree that the granting of this license requires my compliance with all applicable City of Solvang Municipal Code Provisions, state laws and all conditions set forth above.

Signature of Applicant: _____ Date: _____

OFFICIAL USE ONLY
Planning Dept.

Approved by: _____

Date: _____