



TOWN OF LOS GATOS

110 E. Main Street
Los Gatos, CA 95030

Community Development

(408) 354-6874 • FAX: (408) 354-7593

Planning@LosGatosCA.gov

SIC Code: _____

Business License Routing Form

Date: _____

Business License # _____

- New Business
- Business Name Change
- Address Change
- Ownership Change

Business Name: _____

Applicant's Name: _____

Business Address: _____ **Suite #** _____ **ZIP Code** _____

Phone Number: _____ **Applicant's Email:** _____

Description of Business Activity

Previous Location of Business (address change only):

For Official Use Only

Approved *Planning Division (408) 354-6874*

Pending

Denied

Not Applicable

Signature Date

Use: Office Personal Service Restaurant Formula Retail Medical Firearms Sales Classes Sharing Space/Station Rental Other: _____ **Zone:** _____

Previous Use of Building Space:
Circle one: Basement First Floor Above First Floor

Planning Division Requirements:

New Use and Occupancy Certificate _____ **Comments/Conditions:** _____

Existing Use and Occupancy Certificate _____

Conditional Use Permit _____

Copy of Professional Licenses/Certificates _____

Home Occupancy Permit _____

Police Department (408) 354-5257

Police Department approval is required for all businesses involving massage therapy, vehicles for hire, fortune telling, solicitors, and peddlers.

Approved

Denied

Signature Date