



Application for Business License Inspection

Coastside Fire Protection District / CAL FIRE

Fire Prevention Bureau

1191 Main Street, Half Moon Bay CA 94019
phone (650) 726-5213 / fax (650) 726-0132

Business Information:

Business Name _____
Type of Business _____
Business Address _____ Suite or Unit No _____
Mailing Address _____
Phone _____

Number of Employees (including Owner(s) if they work on the premises) _____

Business Owner Information:

Owner Names(s) _____
Address _____
Home Phone _____
Emergency Phone _____

Property Owner Information:

Owner Name(s) _____
Address _____
Phone _____

- 1, Are you sharing space within an established business (i.e. desk, warehouse)? Yes No
- 2, Does this business process or store chemicals or any toxic materials? (If yes, attach a list and include types & quantities) Yes No
List Attached Yes No
- 3, Does this business sell or store alcoholic beverages? Yes No

Note
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Date Approved _____ Approved By _____
Fee Due **\$94.00** Check No _____ Receipt No _____
Reinspection Fee _____ Receipt No _____