



# 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 \$55.00 \_\_\_\_\_ Check No \_\_\_\_\_ Receipt No \_\_\_\_\_  
Reinspection Fee \_\_\_\_\_ Receipt No \_\_\_\_\_