

CITY OF MENLO PARK

Business License Department 701 Laurel St Menlo Park, CA 94025

Phone: (650) 330-6642 • Fax: (650) 327-5391

Request for Waiver of Business License Penalty

Susiness Name:			Business Pho	Business Phone:	
siness Address:					
iling Address:					
			able cause. Your request will b	pe reviewed and you will be	
= -	for waiver of penalty for la Calculated	te payment:			
	icense Fee	Penalty	Penalty Amount	Waiver Request	
	X	=	·		
	X	=			
	X X	=			
ow your reason(s) for	r not paying or filing on tim	e. You may attach	n a memo if additional space is	required.	
THIS RE	QUEST WILL NOT	BE CONSIDE	<u> </u>	IGNED BELOW.	
THIS RE	QUEST WILL NOT	BE CONSIDE	RED VALID IF NOT S	IGNED BELOW.	
THIS RE I declare, under p Signature:	QUEST WILL NOT enalty of perjury, that the a	BE CONSIDE	RED VALID IF NOT S	IGNED BELOW. t of my knowledge and belief.	
THIS RE I declare, under p Signature:	QUEST WILL NOT enalty of perjury, that the a	BE CONSIDE	RED VALID IF NOT S s true and complete to the bess Telephone No: Date:	IGNED BELOW. t of my knowledge and belief.	
THIS RE I declare, under p Signature:	QUEST WILL NOT enalty of perjury, that the a	BE CONSIDE	RED VALID IF NOT S s true and complete to the bess Telephone No: Date:	IGNED BELOW. t of my knowledge and belief.	