

EARTH DAY EVENT

4/28/2019

CITY OF MT. SHASTA
305 N MT SHASTA BLVD ~ MT SHASTA, CA 96067 ~ (530)926-7510
"BUSINESS LICENSE APPLICATION"

- Regular Business License Daily License (\$16/day or \$136/qr) Peddler/Solicitor **Vendor**
- Seasonal/Quarterly ~licensed contractors only ___ Door to Door ___ Fixed Mobile ___ Mobile
Specify months of operation _____
- Non-Profit Organization (501c3 required) Other (specify) _____

NAME OF BUSINESS _____

NAME OF BUSINESS OWNERS: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT): _____

EMAIL ADDRESS: _____

BUSINESS TELEPHONE: _____ PERSONAL/CELL PHONE: _____

TYPE OF BUSINESS: _____

WHOLESALE () RETAIL () PERSONAL SERVICES ()
 FOOD SERVICE () # OF SEATS _____ MOTEL/HOTEL () # OF ROOMS _____
 RENTALS () # OF RENTAL UNITS _____ OTHER () specify _____

SQ. FT. OF BUSINESS FLOOR (parking district only-see map): _____

NUMBER OF ON-SITE PAVED PARKING SPACES (parking district only-see map): _____

NO. OF LOCAL FULL-TIME EMPLOYEES: _____ PART-TIME: _____

FEDERAL TAX ID OR SOCIAL SECURITY NO.: _____

OWNER'S DRIVERS LICENSE NO.: _____ ISSUING STATE _____ EXPIRES: _____

Required for all sales

State Board Sellers Permit No.: _____ State Contractors License No.: _____

Are any signs or banners anticipated ___ yes* ___ no *If yes, you are required to obtain a sign permit. If you fail to do so, you may be subject to fines & penalties.

Issuance of a business license is intended solely as evidence that the required tax has been paid, and does not indicate approval to operate said business if Planning, Health, or Building Department approvals are required for the proposed operations and/or location. No refunds will be made if denial of such approvals prevents the business from operation, so those departments should be contacted before remitting license fees.
I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF BUSINESS OWNER: _____

OFFICE USE ONLY

HOME OCC. REQ. _____ APPROVED: _____

ACCT NO: _____ Date Received/Opened: _____ Receipt # _____ Amt Paid \$ _____ (incl \$4.00 DAE)

SNOW _____ PARK DIST _____ CLASS DETAILS _____

(PLEASE SEE REVERSE FOR INSTRUCTIONS AND APPROVAL REQUIREMENTS)