



BUSINESS LICENSE APPLICATION

520 J Street Los Banos, CA 93635 – Main Phone (209) 827-7000 Ext. 118

Anticipated Start Date: _____

BUSINESS: (Type or Legible Printing) Forms must be filled out completely.

Business Name: _____
(If a fictitious name is used, attach a copy of the Fictitious Name Statement)

Business Location: _____ City/State/Zip: _____
(Physical address is required. No PO Boxes)

Facsimile: (____) _____ Business Telephone: (____) _____ Cellular: (____) _____

Web: _____ E-mail: _____

(Check one) Sole Proprietor Partnership Limited Liability Corporation Trust

BUSINESS OWNER INFORMATION:

Name/Title: _____

Address: _____ City/State/Zip: _____

MAILING: (only if different from above): _____

City/State/Zip: _____

Facsimile: (____) _____ Telephone: (____) _____ Cellular (____): _____

SSN: _____

PROPERTY OWNER INFORMATION (information/signature is required, if different from Business Owner):

Name: _____

Address: _____ City/State/Zip: _____

Telephone: (____) _____

NOTE: All new, relocated or altered (structurally/expanded) Business License requests require inspection, prior to license issuance.

IDENTIFICATION: (list all that apply)

Federal Employment I.D.: _____ State Employment I.D.: _____

Resale: _____ Other: _____

Contractor's: Class: _____ License No: _____ Date of Expiration: _____

DRE License No. _____ Date of Expiration: _____

BEAR No. _____ Date of Expiration: _____

I am an owner/operator (no employees); or

I have employees and understand that valid Worker's Compensation is required prior to conducting business/work.

ABC License: Class _____ License No. _____ Date of Expiration: _____

Other: (License of: Bureau of Auto Repair/Health/Doctor/Dentist, ect.): _____

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Print Name/Title

Signature

Date

