

APPLICATION FOR CITY OF ISLETON BUSINESS LICENSE

CITY OF ISLETON

PO Box 716, 101 Second Street, Isleton, CA 95641

Telephone (916) 777-7770 Fax (916) 777-7775

Online Payments can be made at

CITYOFISLETON.COM

B/L FEE - \$80.00 INSPECTION FEE - \$30.00

Check No. _____ Amount _____ Date ____/____/____

PLEASE DO NOT WRITE ABOVE THIS LINE

DATE ____/____/____ FT/TEMP. BUSINESS _____ FIRST DAY OF BUSINESS ____/____/____

NEW TAX _____ RENEWAL _____ CHANGE OF OWNER _____ CHANGE OF ADDRESS _____

EMAIL: _____

OWNER(S) (Last, First, MI) OR CORPORATION _____

OWNER(S) OR CORPORATION MAILING ADDRESS _____

NAME OF BUSINESS (D.B.A.) _____

BUSINESS MAILING ADDRESS _____

BUSINESS SITE ADDRESS _____

BUSINESS PHONE _____ EMERGENCY PHONE _____

PROOF OF IDENTIFICATION: (CDL#) _____
(Must be different # than Business Phone)

FEDERAL EMPLOYER I.D. # (FEIN) (if applicable) _____

STATE EMPLOYER I.D. # (SEIN) (if applicable) _____

STATE BOARD OF EQUALIZATION RESALE PERMIT# _____

STATE CONTRACTOR'S LICENSE # _____ EXPIRATION DATE _____

BUSINESS CLASSIFICATION CODE (BCC) _____ OR STANDARD INDUSTRIAL CODE _____ (If known)

TYPE OF OWNERSHIP: Sole Ownership _____ Partnership _____ Husband/Wife _____ Corporation _____ Joint Venture _____

NUMBER OF EMPLOYEES (not owners) _____

BUSINESS IN HOME: YES _____ NO _____ (i.e., Will your home be used to conduct all of part of your business?)

If yes, acknowledgment of "Home Occupation Regulations" _____ (Signature)

TYPE OF BUSINESS YOU INTEND TO OPERATE _____

Describe the activities of your business (include type of product, services, etc.) _____

FOR CITY USE ONLY:

<u>Date</u>	<u>Department</u>	<u>Action</u>	<u>Initials</u>
____/____/____	Planning	_____	_____
____/____/____	Building	_____	_____
____/____/____	Fire	_____	_____

Staff Comments: _____

Special License Required: Yes _____ No _____

Current County Special License Number _____ Expiration Date: ____/____/____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct:

Signature of Applicant **Date**

***EMAIL TO CSO@CITYOFISLETON.COM**

