



LICENSE NO.
Lic #

BUSINESS LICENSE APPLICATION

520 J Street Los Banos, CA 93635 – Main Phone (209) 827-7000 Ext. 138

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)

Mailing Address: (only if different from above): _____
City/State/Zip: _____

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: _____

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

SSN: _____

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

Name: _____

Address: _____ City/State/Zip: _____

Telephone: (____) _____ **Property Owner Signature:** _____

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

- 520 J Street
- Los Banos CA 93635
- Phone:(209) 827-7000 Ext 138
- Fax: (209) 827-7006

BUSINESS LICENSE OPERATIONAL STATEMENT

It is important that the operational statement provides for a complete understanding of your business.

1. Please provide the following information:

Applicant(s) Name(s): _____

Business Name: _____

Address: _____

Phone Number(s): _____

2. What is the existing use of the property?

3. What is the size of the property?

4. Describe the nature of the proposed business.

5. Will products be produced by the business? Yes No

Will they be produced on site or at some other location?

6. What are the proposed hours of operation?

Months (if seasonal): _____

Days per week: _____

Hours: From: _____ To: _____

Total hours per day: _____

7. Will there be any employees? Yes No

If so, how many? Full-Time: _____ Part-Time: _____

8. What equipment, materials, or supplies will be used and how will they be stored?

9. Estimate the number of vehicle trips per day that will be generated by the proposed business.

	Trips Per Day
Customer Traffic	
Service Vehicle (UPS/Delivery, etc)	

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

SIGNATURE

DATE