



**OUT OF TOWN
BUSINESS LICENSE APPLICATION**

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

BUSINESS: (Type or Print Legibly) Forms must be filled out completely. Anticipated Start Date: _____

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: _____

Web: _____ E-mail: _____

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

(Check one) Sole Proprietor Partnership Limited Liability Corporation Trust

BUSINESS OWNER INFORMATION:

Name of Owner/CEO & Title: _____

Address: _____

City/State/Zip: _____

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

SSN: _____

JOB SITE: (REASON THAT YOU ARE CONDUCTING BUSINESS WITHIN THE CITY LIMITS OF LOS BANOS – LIST ALL THAT APPLY):

IDENTIFICATION: (Include all that apply) Check the box to the right if you do NOT possess a professional license

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

Resale (do you sell things?): _____ Other: _____

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

DRE License No. _____ Health Dept. No# _____

BEAR No. _____ Date of Expiration: _____

ABC License: _____ Type: _____ Bureau of Automotive Repair # _____

Doctor # _____ Dentist # _____ Other: _____

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

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

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

Print Name/Title

Signature

Date

OUT OF TOWN BUSINESS LICENSE OPERATIONAL STATEMENT

1. Describe your business/what you want to do (e.g., I am an Electrical Contractor and have a job; I am a Real Estate Broker and have several homes for-sale; I am a Handyman and have a job; I am a Catering Business...)?

2. Will you have employees? No Yes:
Full time: _____
Part time: _____

3. What equipment, materials, or supplies will be used (e.g. Commercial Tractor Trailers, Commercial Sweeping Vehicles)? _____

4. Where will the equipment, materials or supplies be stored (e.g. in the back of my truck, within an on-site Temporary Office Trailer)?

5. Do you use hazardous materials of any kind? No Yes
List all materials and where they will be stored at your business: (**LIST THE NAME, ADDRESS AND LICENSE NUMBER OF THE WASTE HAULER**):

6. Will the proposed business produce any noise? Yes No
If yes please explain: _____

7. Will the proposed business create any dust? Yes No
If yes please explain: _____

OFFICIAL USE ONLY

NAICS CODE: _____ DESCRIPTION: _____

ADMINISTRATIVE FEE: \$ _____ REC #: _____ Check # _____ Cash

BUSINESS LICENSE FEE: \$ _____ REC #: _____ Check # _____ Cash

Approved By: _____ Date: _____