



# City of Yuba City

## APPLICATION FOR LICENSE TO DO BUSINESS

Please complete form with legible writing – illegible forms will not be processed

**Submit original form to:**  
 FINANCE DEPARTMENT  
 1201 CIVIC CENTER BLVD  
 YUBA CITY, CA 95993  
 (530) 822-4618

### BUSINESS LOCATION AND OWNER(S) INFORMATION

BUSINESS NAME						(AREA CODE) PHONE	
BUSINESS LOCATION (NO P.O. BOX)		STREET & ADDRESS		STE/APT #	CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT)							
APPLICATION IS FOR A:		<input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION – IF CORPORATION, GIVE LEGAL NAME BELOW <input type="checkbox"/> BUSINESS NAME CHANGE <input type="checkbox"/> OWNERSHIP CHANGE <input type="checkbox"/> BUSINESS ADDRESS CHANGE <input type="checkbox"/> NEW					
NAME (SOLE PROPRIETOR, PARTNER 1, OR CORPORATION)			TITLE	ADDRESS		(AREA CODE) PHONE	DOB
NAME (PARTNER 2)			TITLE	ADDRESS		(AREA CODE) PHONE	DOB
EMAIL ADDRESS							

### BUSINESS INFORMATION (\*Date you opened your business in Yuba City)

FULL DESCRIPTION OF BUSINESS ACTIVITY				
TODAY'S DATE	BUSINESS START DATE*	CONTRACT DURATION (CONTRACTORS)	# OF EMPLOYEES	FICTICIOUS NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO
FIN or Social Security #	STATE LICENSE #	TYPE OF STATE LICENSE	LIC. EXPIRATION DATE	RESALE PERMIT NUMBER

### TYPE OF BUSINESS (Check all that apply)

Administrative Headquarters   
  Adult Entertainment   
  Church Assembly   
  Commercial/Industrial Storage   
  Contractor   
  Daycare  
 Drinking/Dining (Nightclub/Bar)   
  Fuel Dispensing (Gas Station)   
  Home Occupation   
  Industrial   
  Manufacturing   
  Medical   
  Office   
  Private School  
 Professional   
  Public Utility   
  Rental-Residential   
  Rental-Non-Residential   
  Repair Garage   
  Residential Care Facility   
  Restaurant   
  Retail Sales  
 Salon-Owner   
  Salon-Booth Rental   
  Services \_\_\_\_\_   
 Transportation of Persons-Goods   
 Vehicle Car Sales   
 Wholesale

### ADDITIONAL INFORMATION

Are any building alterations planned?     YES     NO   
 IF YES, PERMIT? \_\_\_\_\_   
 Floor area devoted to use (sq ft) \_\_\_\_\_  
 Are any new signs planned?     YES     NO   
 IF YES, PERMIT? \_\_\_\_\_   
 Number of available restrooms \_\_\_\_\_  
 Will there be outside storage?     YES     NO   
 IF YES, PERMIT? \_\_\_\_\_   
 Does the building have a fire sprinkler system?     YES     NO  
 Check all equipment or materials that will be used :   
 Explosives   
 Flammable liquid   
 Grease Hood   
 Hazardous   
 Painting   
 Wood working  
 Backflow preventors on Water Services?     YES     NO

### SIGNATURE OF APPLICANT

PRINT FULL NAME BELOW	ESTIMATE OF GROSS ANNUAL RECEIPTS
	\$ _____

I CERTIFY UNDER PENALTIES OF PERJURY THAT THE CONTENTS HEROF ARE TRUE AND CORRECT

SIGNATURE	TITLE	DATE
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#### FOR OFFICE USE ONLY

Date Application Submitted		Customer Service Rep. Initials		Business License #	
SERVICE CODE	CLASSIFICATION	DIRECTLINK #	BASE FEE & TAX	SB 1186* = \$1.00	
TOTAL BALANCE DUE			AMOUNT RECEIVED		
RECEIVED COPIES	FICT NAME	DL <input type="checkbox"/>	ABC LIC. <input type="checkbox"/>	HEALTH DEPT LIC <input type="checkbox"/>	PROF LIC. <input type="checkbox"/>
	STMT <input type="checkbox"/>	# _____			ARTICLES OF INC/LLC/SEC OF STATE <input type="checkbox"/>
APPROVED BY	FINANCE <input type="checkbox"/>	COMMUNITY DEVELOPMENT <input type="checkbox"/>	FIRE DEPT <input type="checkbox"/>	POLICE DEPT <input type="checkbox"/>	