



CITY OF YUBA CITY BUSINESS LICENSE APPLICATION

1201 CIVIC CENTER BLVD
YUBA CITY, CA 95993
(530) 822-4618

Check the status of your Business License application on Direct Link at www.yubacity.net

BUSINESS LICENSE NO. _____ SECTION CODE _____ DIRECTLINK NO. _____

TYPE OF OWNERSHIP: CORPORATION PARTNERSHIP SOLE PROPRIETOR

NEW LICENSE RENEWAL OWNERSHIP CHANGE BUSINESS NAME CHANGE ADDRESS CHANGE

Date of Application _____ Month/Year Business will Start: _____/_____/_____

Name _____ Business Name (DBA) _____

Business Location (cannot be a P.O. Box per State of California Business & Professionals Code-Section 17538.5)

Business Address _____ City/State _____ Is this your home Address? _____

Mailing Address: _____ City/State _____

Business Phone () _____ Home Phone () _____ Cell Phone () _____

Contact Person: _____ E-Mail _____ SS or Fed. Tax ID # _____

Drivers License # _____ Date of Birth _____ Assessor's Parcel # _____ # of Employees _____

State Contractor's License # _____ Exp. Date _____ Resale Permit # (if applicable) _____

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 Services _____
 Transportation of Persons-Goods Vehicle Car Sales Wholesale

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

APPLICANT MUST COMPLETE ITEMS A - M

- | | |
|---|---|
| A) Are any building alterations planned? <input type="checkbox"/> Yes <input type="checkbox"/> No | J) Anticipated date of business opening: _____ |
| B) If yes, has a permit been obtained/applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No | K) Does the building have a fire sprinkler system? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| C) Are any new signs planned? <input type="checkbox"/> Yes <input type="checkbox"/> No | L) If any of the following equipment or materials are required for the proposed use, please check the boxes below, and specify size, type or quantity on an "attachment". |
| D) If yes, has a permit been obtained/applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Explosives <input type="checkbox"/> Flammable liquid <input type="checkbox"/> Grease Hood |
| E) Will there be outside storage? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Hazardous <input type="checkbox"/> Painting <input type="checkbox"/> Wood working |
| F) Continuation of existing use? <input type="checkbox"/> Yes <input type="checkbox"/> No | M) Backflow preventors on Water Services? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| G) Number of employees including business operators: _____ | |
| H) Floor area devoted to use (sq ft): _____ | |
| I) Number of available restrooms: _____ | |

ADMINISTRATIVE SERVICES DEPARTMENT

Period: _____ to _____ Amount Paid: \$ _____

Remarks: _____

CITY OF YUBA CITY



Community Development – Planning
(530) 822-4700

HOME OCCUPATION ZONING CLEARANCE

For Internal (City) Use Only:

Clearance # _____

Receipt # _____

The following applicant has received zoning clearance for a home occupation:

Applicant: _____

Property Location: _____

Mailing Address: _____

Assessor's Parcel No. _____ Telephone Number: _____

Type of Business: _____

CONDITONS:

1. The residential use shall remain the primary use of the property.
2. The business activity shall be limited to one customer on the premises at a time for which off-street parking shall be provided in addition to that required for residential use.
3. The home occupation involves no sale of merchandise other than that produced on the premises or merchandise directly related to the business and incidental to the services offered.
4. The home occupation is carried on by members of the family occupying the dwelling, with no other persons employed onsite.
5. The business produces no exterior evidence of its existence beyond the premises, including, but not limited to, outdoor storage, noise, smoke, odors, and vibrations.
6. There shall be no external signs relative to the business.
7. If the residence is not owner-occupied, property owner authorization for the home occupation shall be provided.
8. There shall be no outdoor storage of building materials, machinery, equipment, or other materials relative to the home occupation.
9. The repair of autos, trucks, motorcycles, boats, trailers, and similar equipment is specifically prohibited as a home occupation.

I agree to comply with the conditions as outlined above:

Applicant's Signature

Date

If Applicable:

Property Owner's Signature

Date

For Internal (City) Use Only:

Planning Approval: _____
Signature Date



CITY OF YUBA CITY

FINANCE DEPARTMENT
1201 CIVIC CENTER BLVD
YUBA CITY, CA 95993
(530) 822-4618

BUSINESS LICENSE AFFIDAVIT - NEW BUSINESS

PART A: TO BE COMPLETED BY ALL APPLICANTS

Business Name: _____ Fed Tax ID or SS# _____

Business Location: _____ City _____ State _____ Zip _____

Business Mailing Address _____ City _____ State _____ Zip _____

Business Contact Person _____ Business Phone _____

Primary Business Activity _____ Number of Employees _____

Number of Rental Units (if applicable) _____

Business Category (choose one)

Administrative Headquarters
Contractor
Manufacturer
Professional
Public Utility
Wholesale

Rental-Residential Property
Retail
Services
Rental-Non Residential Property
Transportation of Person or Goods
Recreation & Entertainment

PART B: TO BE COMPLETED BY ALL APPLICANTS

The Business License Tax is for the entire calendar year. The amount of Gross Receipts is to be estimated for the entire calendar year from the start of business through December 31st.

Estimated Gross Receipts for the balance of the calendar year: \$ _____

I declare, under penalty of perjury, that this affidavit, application, form or statement including any supporting data has been examined by me, and, to the best of my knowledge, information, and belief, is a full true and correct application, return, or statement and I accordingly so represent.

Signature of Owner, Partner, or Office of Corporation, or other Authorized Agent or Representative of any of the above.

Date: _____ Signature: _____



City of Yuba City

Municipal Code Disclosure

Affidavit

Sec. 3-4.01. Establishment of business license tax.

This chapter shall be known as the "Business License Tax Code". It is enacted solely to raise tax revenue for municipal purposes and is not intended for regulation. The City Council from time to time shall establish the business license tax and related application and other base service or enforcement fees implementing that action by appropriate adopting resolution.
(§ 1, Ord. 01-93, eff. April 15, 1993)

Sec. 3-4.03. Effect on other laws.

Persons required to pay a business license tax for transacting and carrying on any business under this chapter shall not be relieved from the payment of any license tax for the privilege of doing such business required under any other law of the City and shall remain subject to the regulatory provisions of other such laws.
(§ 1, Ord. 01-93, eff. April 15, 1993)

Sec. 3-4.04. No required permits waived.

Persons required to pay a license tax for transacting and carrying on any business under this chapter shall not be relieved from the payment of any additional permit fees for the privilege of carrying on any similar or related activity required under any other ordinance of the City and shall remain subject to the regulatory provisions of other ordinances and laws.
(§ 1, Ord. 01-93, eff. April 15, 1993)

I declare, under penalty of perjury, that this affidavit and any supporting data has been examined by me, and to the best of my knowledge is true and correct as presented.

Signature of Owner, Partner, or Officer of Corporation, or other Authorized Agent or Representative.

Date: _____ Signature: _____