



CITY OF LAKEPORT

225 Park St – Lakeport, CA 95453
PHONE: (707) 263-5613 EXT 204

YEARLY BUSINESS LICENSE + STATE REVOLVING FEE: \$ _____

+ \$10 PER EMPLOYEE: \$ _____

PRO-RATED TOTAL: \$ _____

RECEIPT # _____

ID# _____ BUSINESS LICENSE# _____

APPLICATION DATE: _____

THIS IS AN APPLICATION FOR A BUSINESS LICENSE. FILLING OUT THIS APPLICATION DOES NOT CONSTITUTE APPROVAL TO OPERATE A BUSINESS. AFTER REVIEW AND APPROVAL OF YOUR APPLICATION AND PAYMENT OF THE REQUIRED FEES, A BUSINESS LICENSE WILL BE PROCESSED AND MAILED TO YOU.

BUSINESS LICENSE APPLICATION

TYPE OF LICENSE: INDEPENDENT CONTRACTOR STANDARD LICENSE COSMETOLOGY

BUSINESS INFORMATION:

BUSINESS NAME: _____ SHOP NAME: _____

BUSINESS STREET ADDRESS: _____ CITY/ ZIP _____

BUSINESS MAILING ADDRESS: _____ CITY/ ZIP _____

BUSINESS PHONE: () _____ FAX: () _____

TYPE OF BUSINESS: _____ DATE STARTED BUSINESS _____

WEBSITE: _____ E-MAIL ADDRESS: _____

DATES OF OPERATION PER WEEK: _____ HOURS OF OPERATION PER DAY: _____

NUMBER OF EMPLOYEES **WORKING IN THE CITY** (FULL AND/OR PARTIME): _____

LEGAL STATUS: (CHECK ONE) SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION

STATE RESALE TAX NO.: _____ STATE LICENSE NUMBER: _____

FEDERAL EMPLOYER'S ID NO.: _____ STATE EMPLOYER'S ID NO.: _____

IF YOU DO NOT HAVE ALL LICENSES OR PERMITS, DESCRIBE THE STATUS OF THOSE NOW PENDING: _____

IS THERE A SECURITY ALARM AT THE BUSINESS: Y N IF SO, HAS THE APPLICATION BEEN FILLED OUT AND FEE PAID? Y N

WATER/SEWER/GARBAGE SIGN-UP: _____ COMMERCIAL AND RESIDENTIAL OCCUPANTS SHALL CONTRACT FOR AND MAINTAIN SOLID WASTE COLLECTION SERVICES. BUSINESS LICENSE WILL NOT BE ISSUED UNTIL SERVICE IS CONFIRMED. (CITY LIMITS ONLY)

OWNER INFORMATION:

NAME(S): _____

HOME MAILING ADDRESS: _____

CITY / STATE / ZIP CODE: _____

HOME/CELL PHONE NUMBER(S):() _____ () _____

OWNER(S) SOCIAL SECURITY NO.: _____

DATE OF BIRTH: _____ DATE OF BIRTH: _____

EMERGENCY CONTACT (OTHER THAN OWNER(S)): _____

COMPLIANCE INFORMATION (ZONING-SIGNS-REMODELING)

IT IS NECESSARY THAT ALL BUSINESS ACTIVITY IN THE CITY OF LAKEPORT COMPLY WITH LOCAL ZONING, BUILDING, FIRE ORDINANCES AND WITH THE REQUIREMENTS OF OTHER FEDERAL, STATE, COUNTY, AND OTHER REGULATORY AGENCIES APPROPRIATE TO THE TYPE OF

BUSINESS. IT IS NECESSARY TO OBTAIN CLEARANCE FROM THE LAKEPORT PLANNING AND BUILDING DEPARTMENTS BEFORE BEGINNING ANY ALTERATION OR SIGN INSTALLATIONS.

FINAL LICENSE APPROVAL WILL REQUIRE COMPLIANCE WITH ALL APPROPRIATE REGULATORY REQUIREMENTS.

REMODELING:

DESCRIBE THE STRUCTURAL AND/OR FLOOR PLAN CHANGES TO BE MADE AT THE BUSINESS ADDRESS AND FURNISH A SIMPLE DRAWING BELOW ON AN ATTACHED SHEET.

SIGN INSTALLATION:

FILL OUT AND ATTACH A LAKEPORT PLANNING DEPARTMENT SIGN APPROVAL APPLICATION AND A BUILDING PERMIT FORM DESCRIBING THE SIGN THAT WILL BE INSTALLED AT THE BUSINESS LOCATION.

OTHER INFORMATION:

FILING FOR A FICTITIOUS BUSINESS NAME SHOULD BE DONE BEFORE RECEIPT OF YOUR CITY BUSINESS LICENSE., AT THE OFFICE OF THE AUDITOR-CONTROLLER, ON THE SECOND FLOOR OF THE LAKE COUNTY COURTHOUSE, 255 N FORBES ST (707)263-2311. COLLECTION OF SALES TAX MAY BE REQUIRED BY YOUR BUSINESS. YOU MAY SEEK WRITTEN ADVICE REGARDING THE TAX

REQUIREMENTS OF YOUR PARTICULAR BUSINESS BY WRITING TO THE CALIFORNIA DEPARTMENT OF TAX AND FEE ADMINISTRATION, P.O. BOX 942879, SACRAMENTO, CA 94279, OR GENERAL INFORMATION BY CALLING (800)400-7115 OR (707)576.2100.

I UNDERSTAND THAT THIS IS ONLY AN APPLICATION FOR A BUSINESS LICENSE, AND THAT THE FILLING OUT OF THIS APPLICATION DOES NOT CONSTITUTE ISSUANCE OF A LICENSE TO OPERATE A BUSINESS. UNDER PENALTY OF PERJURY, I STATE THAT I HAVE READ THE ABOVE AND CERTIFY THAT THE INFORMATION IS TRUE AND CORRECT.

SIGNATURE: _____ DATE: _____

PRINT NAME OF SIGNER LEGIBLY: _____ TITLE: _____

HAS POLICY 61 BEEN SIGNED? YES NO

DEPARTMENT USE ONLY:		
ZONING FOR BUSINESS ADDRESS: _____	ZONING REQUIRED FOR BUSINESS: _____	
HOME OCCUPATION: _____	WATER/SEWER SIGN-UP: _____	
<u>CDD:</u>	<u>BUILDING INSPECTOR:</u>	<u>CODE COMPLIANCE OFFICER:</u>
APPROVED ____ DATE: _____	APPROVED ____ DATE: _____	APPROVED ____ DATE: _____
DENIED ____ DATE: _____	DENIED ____ DATE: _____	DENIED ____ DATE: _____
COMMENTS: _____		

BUSINESS LICENSE POLICY # 61

- The license you will receive is for the purpose it has been issued.
- If you have a store, restaurant, or an office open to the public the license must be displayed.
- All business signs (permanent and temporary) must be approved by the City prior to installation/display. Banners, "Feather" style signs, and other temporary signs are allowed to be displayed for 30 days per calendar year.
- Business license is based on a fiscal year (July 1 through June 30).
- The business license fee is due on or before July 31st of each year.
- There will be a 50% late fee penalty starting August 1st each year per the Lakeport Municipal Code.
- A list of delinquent business license accounts will be sent to the Police Chief for further investigation.
- If the delinquent business license account goes to the collection agency, it is your responsibility to pay all administrative fees plus all late fees related to the business license.
- It is your responsibility to contact the City of Lakeport if you have ceased doing business within the city limits and no longer need a business license.
- It is your responsibility to remove any signs which advertise a business or activity which has relocated or ceased to operate. The signs must be completely removed within 90 days from the time of relocation or cessation.
- If you sell your business, it is your responsibility to contact the City of Lakeport and provide the date you sold the business and the new owner's name and contact information.

I have read and understand the above policy.

_____	_____	_____
OWNER	BUSINESS NAME	DATE
_____	_____	_____
OWNER	BUSINESS NAME	DATE