



CITY OF LAKEPORT
 225 Park St – Lakeport, CA 95453
 PHONE: (707) 263-5613 EXT 204
 www.cityoflakeport.com

BUSINESS LICENSE FEE: \$ 10.00

STATE REVOLVING FUND FEE: \$ 4.00

RECEIPT # _____

APPLICATION DATE: _____

ONE TIME BUSINESS LICENSE APPLICATION

BUSINESS INFORMATION:

BUSINESS NAME: _____

OWNER NAME: _____

MAILING ADDRESS: _____

BUSINESS PHONE: () _____

HOME PHONE NUMBER:() _____

FAX: () _____

CELL PHONE: () _____

E-MAIL ADDRESS: _____

WEBSITE: _____

TYPE OF BUSINESS: _____

JOB / PROJECT ADDRESS: _____

DATES WORK TO BE COMPLETED: FROM _____ THROUGH _____

LEGAL STATUS: (CHECK ONE) SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION

STATE RESALE TAX NO.: _____ STATE CONTRACTOR'S LICENSE NUMBER: _____

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

BEFORE THIS APPLICATION IS APPROVED, YOUR STATE CONSTRUCTOR'S LICENSE STATUS WILL BE VERIFIED BY THE CITY.

NOTE: A One-Time Business License is valid for one job/project and not longer than thirty (30) days. **Only two (2) one-time business licenses may be issued per fiscal year (July 1 through June 30).** An annual business license will be required after the issuance of two one-time licenses in a fiscal year.

Businesses participating in Special Community Events (i.e., Dickens Fair, car shows, craft fairs, etc.) may obtain more than two (2) one-time business licenses per fiscal year. **If you are selling non-edible items – you must have a Seller's Permit issued by the California State Board of Equalization and must properly report all sales taxes generated in the City of Lakeport.**

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: _____

DEPARTMENT USE ONLY:

CONTRACTOR'S CURRENT LICENSE STATUS WITH STATE: ACTIVE SUSPENDED REVOKED

COMMUNITY DEVELOPMENT DEPARTMENT: APPROVED _____ DATE: _____ DENIED _____ DATE: _____

COMMENTS: _____

BUILDING DEPARTMENT: APPROVED _____ DATE: _____ DENIED _____ DATE: _____

COMMENTS: _____