

	City of Shasta Lake PO Box 777 4477 Main Street Shasta Lake, CA 96019 530-275-7430		Please Check One 	New Application <input type="checkbox"/>
	BUSINESS LICENSE APPLICATION			Change of Owner <input type="checkbox"/>
Business Name (DBA)				Change of Address <input type="checkbox"/>
Business Mailing Address				Change of Business Name <input type="checkbox"/>
City, State, Zip				Home Occupation <input type="checkbox"/>
Business Physical Location				STATE MANDATED ADA DISCLOSURE AND FEE Under federal and state law, compliance with access laws is a serious and significant responsibility that applies to all California building owners and tenants with building open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: Division of the State Architect: www.dgs.ca.gov/dsa/Home.aspx Dept. of Rehabilitation: www.rehab.cahwnet.gov California Commission on Disability Access: www.cdda.ca.gov
City, State, Zip				
Business Phone		Business Fax	Cell Phone	
Website		Email Address		
Business Start Date		Description of Business		Home Occupation?
Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> Ltd. Liability Corp. <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust				
Name of Owner (Proprietor(s) or parent Corporation)		Corporations & Partnerships: List all Officers /Partners /Members Attach Additional Sheet if necessary		
(Partner or Corp Officer)		Name: Last, First, Title		
Owner /Corporate Address – Owner's Home Address if different from Mailing		Name: Last, First, Title		
City, State, Zip		Name: Last, First, Title		
Owner Phone		Fax	Cell Phone	
Does the business conduct retail sales?	Board of Equalization Sales Tax Account Number		Fictitious Business Name Filing?	
Does the business have employees?	Number of employees	Workers Compensation Insurance Carrier	Policy Number	
Federal Employers ID Number (FEIN)		State Employers ID (SEIN) Number		
State Contractors License Number	Expiration Date	Certifications / License Class		
Annual License Fee: \$50.00	\$ 50.00			
Annual CASP Fee: \$ 4.00	\$ 4.00			
Home Occupation:	\$ (Verify current fee)			
Total Amount Due:	\$			
<i>I hereby declare under Penalty of Perjury that the information provided above is correct and that I have complied with all City, County, State, and Federal regulations required of this business.</i>				
Applicant		Date	Co-Applicant	Date
CITY APPROVALS:				
Business License Number	Inside City Limits?	Zoning District	Home Occupation Permit Required?	HO Number
NAICS Code	Use Permit Required?	UP Number	Flood Zone	
City Planning Official		Date Approved	Date License Issued	