
	<p align="center">City of Shasta Lake Business License Application</p> <p align="center">PO Box 777 / 4477 Main Street Shasta Lake, CA 96019 530-275-7430 Email: permit@cityofshastalake.org</p>		<p align="center">Please Check One</p> <p align="center"></p>		New Application <input type="checkbox"/>		
					Change of Owner <input type="checkbox"/>		
			Business Name (DBA)				Change of Address <input type="checkbox"/>
							Change of Business Name <input type="checkbox"/>
Business Mailing Address			<p>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</p>				
City, State, Zip							
Business Physical Location							
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) / Tax ID Number (TIN)		State Employers ID (SEIN) Number					
State Contractors License Number	Expiration Date	Certifications / License Class					
Annual License Fee: \$50.00	\$ 50.00 (reduced to \$25.00 if issued July 1st through December 31st)						
Annual CASP Fee: \$ 4.00	\$ 4.00						
Home Occupation:	\$ 80.00 (Check database for 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			
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			