

## BUSINESS LICENSE APPLICATION FY 20\_ to 20\_

## City of Gonzales

147 Fourth St. . P.O. Box 647 Gonzales CA 93926 Phone # (831)675-5000 . Fax (831)675-2644

Select One: New Applicant Renewal Application

## **CLEARLY PRINT OR TYPE APPLICATION**

Business Information:	(All information is require	d and must be	provide	ovided to obtain a Business License)			
Legal Status: (Check One)	☐ Individual	☐ Partnership	☐ Corporation				
If Corporation, Legal name of Corpor	ration:						
Address:	City	State	Zip				
Business Description:	City						
Business Location:		State	Zip		Zoning	j:	
Business Mailing Address:			·				
-	City	State	Zip				
	Fax: ()		ail:				
,							
	(For Jobs in Gonzal				proof of ir	ncome.)	
Amount of Tax: \$	(Refer to Tax Table) ADA Fee: \$4	<u>.00</u> Fire Insp	ection F	ee: <u>\$65.00</u>	) (FY202	<u>'0/2021)</u>	
Amount of Tax: \$  Total Amount Due: \$	(T-	. <u>.00</u> Fire Insp r Local Busine			0_(FY202	<u>(0/2021)</u>	
	(Fo	r Local Busine			_	(Please Circle O	
Total Amount Due: \$  Number of Employees:	(Fo	r Local Busine	ess Only)		_	,—	
Total Amount Due: \$  Number of Employees:	Is this a Home Occupation?  DESCRIPTION  To sell or offer goods, wares or merch A person, not an employee of another,	r Local Busine	Yes	or	No	(Please Circle O	
Total Amount Due: \$  Number of Employees:  Type of Business: (< Only One)  Retail Sales	Is this a Home Occupation?  DESCRIPTION  To sell or offer goods, wares or merch A person, not an employee of another, perform services for another Business providing professional, tech Business conducted solely to sell goo	r Local Busine andise who is licensed nical or other se	Yes I by the st	Or	No bmits a bi	(Please Circle O	
Total Amount Due: \$  Number of Employees:  Type of Business: ( Only One)  Retail Sales Contractor Profession or Service	Is this a Home Occupation?  DESCRIPTION  To sell or offer goods, wares or merch A person, not an employee of another, perform services for another Business providing professional, tech	andise who is licensed nical or other se ds and services public utilities ss goods using r used automob	Yes  I by the stervices in wholes industrial piles	or tate and sul sale lots to machinery	No bmits a bi	(Please Circle O	
Total Amount Due: \$  Number of Employees:	Is this a Home Occupation?  DESCRIPTION  To sell or offer goods, wares or merch A person, not an employee of another, perform services for another Business providing professional, tech Business conducted solely to sell goo engaged in fabrication or processing; Business conducted to make or proce Business engaged in the sale of new or processing to the sale of n	andise who is licensed nical or other se ds and services public utilities ss goods using r used automob ssified in the ab	Yes  I by the stervices in wholes industrial ides ove categ	or sate and sul sale lots to machinery gories	No bmits a bi other bus	d to	
Total Amount Due: \$  Number of Employees:	Is this a Home Occupation?  DESCRIPTION  To sell or offer goods, wares or merch A person, not an employee of another, perform services for another Business providing professional, tech Business conducted solely to sell goo engaged in fabrication or processing; Business conducted to make or proce Business engaged in the sale of new of All other businesses not otherwise classes.	andise who is licensed nical or other se ds and services public utilities ss goods using or used automob ssified in the ab	Yes  I by the stervices in wholes industrial ides ove categ	or sate and sul sale lots to machinery gories	No bmits a bi other bus	d to	

## **Business Identification Numbers & Other Licenses/Certficates:**

(If your business is required to b	be licensed by a State or County Agenc	cy, the City must verify that you possess s	such a license)							
Federal Tax Id #:		Social Security Number								
State of CA Contractors #:	State board of Equalization Acct. #									
State of CA Employer ID #		Peddlers Permit #								
Other State or Agency License #		Agency Name:								
Please attach to the app	plication a copy of the following	ng documents if it is applicable	e to your busi	ness.						
✓ If Applicable	✓ If not Applicable									
	□ CA Sellers Permit									
		tate Health Department Certificatete Contractors License	te							
	□ CA St	tate Day Care Provider Certificat	ie							
		tate Resale License	- Dawe it							
	□ Gonzales Police Department Peddlers Permit □ Liability Insurance Certificate									
		ers Compensation Certificate								
Owner Information: (All information is required and must be provided to obtain a Business License)										
Name:										
			Telephone Numbe	er .						
Mailing Address:		City	State	Zip						
Name:										
			Telephone Numbe	er .						
Mailing Address:		City	State	Zip						
Notice: Issuance of a business license does not allow you to engage in a business whose operation would be in violation of other City Ordinances. Chapter 5.04 of the Gonzales City Code states that licenses are subject to all City regulations, state & other regulatory agencies, including those pertaining to health and safety, use of property, and zoning. You are urged to check with the appropriate City Departments and other regulatory agencies for further information about these regulations <u>prior</u> to paying for your license.  X Applicant/Owner Signature Applicants Title Date										
	• •									
	FOR	City Use Only:								
Finance Dept.		Department Approval (Initi	al & Date)							
Tax Amount:	_	Planning Dept.	<u>Date</u>	e						
ADA Fee:	_	Building Dept.	Date	<u>e</u>						
Fire Insp. Fee:	_	Finance Dept.	Date	9						
Penalty:										
Amount Paid:										