



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

Name of Business: _____

Business Information:

(All information is required and must be provided to obtain a Business License)

Legal Status: (Check One)

Individual

Partnership

Corporation

If Corporation, Legal name of Corporation: _____

Address: _____

City

State

Zip

Business Description: _____

Business Location: _____ Zoning: _____

City

State

Zip

Business Mailing Address: _____

City

State

Zip

Contact Name (if different than owner): _____

Business Telephone Number: (____) _____ Fax: (____) _____ Email: _____

Work Site Address(s): _____

Estimate Annual Gross Income: \$ _____ (For Jobs in Gonzales only. You may be required to show proof of income.)

Amount of Tax: \$ _____ (Refer to Tax Table) **ADA Fee: \$4.00 Fire Inspection Fee: \$65.00 (FY2020/2021)**

Total Amount Due: \$ _____ (For Local Business Only)

Number of Employees: _____ Is this a Home Occupation? Yes or No (Please Circle One)

Type of Business: Only One **DESCRIPTION**

- Retail Sales** To sell or offer goods, wares or merchandise
- Contractor** A person, not an employee of another, who is licensed by the state and submits a bid to perform services for another
- Profession or Service** Business providing professional, technical or other services
- Wholesale/Industry** Business conducted solely to sell goods and services in wholesale lots to other businesses engaged in fabrication or processing; public utilities
- Manufacturing** Business conducted to make or process goods using industrial machinery
- Automobile Dealer** Business engaged in the sale of new or used automobiles
- Other** All other businesses not otherwise classified in the above categories

Contact & Emergency Information: (This information will assist the Police Department and other City Officials to provide emergency assistance)

Name: _____

Telephone Number: _____ Other Contact Number: _____

