

CITY OF GRASS VALLEY BUSINESS LICENSE APPLICATION

125 E. Main Street, Grass Valley, CA 95945

(530) 274-4300

Before you apply for your business license, we suggest that you talk to our Building and Planning Departments for any applicable City Codes related to health, safety and zoning. You must also comply with all city, county and state regulations. **The Finance Department only collects fees and issues your business license. This does not imply that you are in compliance with other City or State regulations.**

- Business type: Service, Retail, Wholesale, and Contractors located inside City limits
- Building Contractors located outside City limits
- Operators/Lessors of Real Estate rental property
- Solicitors (must complete Solicitor package)
- Itinerant Merchants, Special Events
- Special (annual gross receipts of less than \$10,000)
- Non-Profit per IRS 501.C.3. Or Municipal code 5.04.190

PART A: TO BE COMPLETED BY ALL APPLICANTS:

Business Name _____ Phone _____

When business name is other than that of the owner's name, a fictitious business name statement filed with the county is required.

Business Location _____

Mailing Address _____

Owner's Name _____ Contact Name: _____

Owner's Address _____ Phone _____

Federal ID# _____ SSN # _____ State Resale # _____

Ownership Type: Sole Proprietor _____ Corporation _____ Partnership _____

Date business to commence: _____ Home Occupation? Yes/No: If Yes, Owner/Tenant

Detailed Description of Business : _____

(If Partnership complete section I on reverse)

PART B: SERVICE, RETAIL, AND BUILDING CONTRACTORS LOCATED IN CITY LIMITS:

Average number of employees associated with business _____

PART C: BUILDING CONTRACTORS:

State Contractors License # _____ Type license (specify) : _____

PART D: OPERATORS/LESSORS OF REAL ESTATE RENTAL PROPERTY:

No. of units, Residential: _____ Commercial building space: _____ sq. ft.

PART E: Special Events (Must contact Planning Dept. for "Use"/"Sign" Permits) :

Date of Event: FROM : _____ TO: _____ Event Type: _____

AFFIDAVIT: I hereby declare under penalty of perjury, that the reported information is true and correct to the best of my knowledge.

Signature: _____

Date: _____

SEE REVERSE TO DETERMINE AMOUNTS DUE BELOW:

Business License: \$ _____

Fire Tax: \$ _____

Total Due: \$ _____

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Date: _____ Received by: _____ License # _____

