



City of Grass Valley

Business Support Center

PH (530) 768-2497 • FAX (909) 348-0465
Mailing Address: 8839 N. Cedar Ave #212 • Fresno, CA 93720-1832
Apply Online Today At: <https://grassvalley.hdlgov.com/>

OFFICIAL USE ONLY

Business License No. _____
Expiration Date _____
NAIC Code _____
License Fee \$ _____

BUSINESS LICENSE APPLICATION

PLEASE TYPE OR PRINT WITH PEN

Business Name _____ Bus. Start Date _____

Corporate Name _____ New Application Change Home Occupation
(if applicable)

Business Location _____
STREET CITY STATE ZIP CODE

Primary Phone No. _____ Alt. No. _____
 Business Cell Business
 Home Cell Home

Mailing Address _____
STREET CITY STATE ZIP CODE

Description of Business _____

*Email Address _____ *Federal ID No. _____

Ownership Corporation Corp-Ltd Liability Partnership Sole Proprietor Trust Non-Profit

PERSONAL INFORMATION - Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary)

1st Owner Name _____ Title _____ *SSN _____

*Home Address _____
(Cannot be P.O. Box) *Other ID No. _____
(CA Driver's / ID / Tax ID No.)

2nd Owner Name _____ Title _____ *SSN _____

*Home Address _____
(Cannot be P.O. Box) *Other ID No. _____
(CA Driver's / ID / Tax ID No.)

- Per AB 2184, you may protect your residential address by providing a different Service of Process address in accordance with Sections 16000.1(a)(2) and 16100.1(a)(2) of the Business and Professions Code. To do so, please fill out the section on the back of this form.
- The City of Grass Valley business license application has been updated in accordance with California Senate Bill No. 205. The primary Standard Industrial Classification (SIC) code, identifying the primary activity of your business and your subjectivity to the State's Industrial General Permit (IGP) must be evaluated as part of this process. Please complete section 2 in Page 2 below to fulfill this new requirement.

CONTRACTORS - This section is required for all contractors.

Contractor's State License Number _____ Expiration Date _____

Please provide any relevant details for your business below. Only account for business conducted within the City of Grass Valley

No. of Employees -include owner(s)- _____

Estimated Annual Gross Receipts _____

No. of Units _____

No. of Square Feet _____

**In accordance with the California Child Day Care Facilities Act, small family child care homes are exempt

PLEASE READ AND SIGN THE STATEMENT BELOW

All City of Grass Valley businesses and property owners with encroachments in/over the Cityright of way (including balconies, awnings, signs overhanging the sidewalk; news/magazineracks; planters and/or other decorative items on the City sidewalk), are required to obtain, and renew annually, their long-term Encroachment Permit (Municipal code 12.48.160). If you have any encroachments in the City right of way, by signing this business license application, you are agreeing to provide to the City evidence of general liability insurance. This insurance should be in an amount not less than \$1,000,000 with an endorsement naming the City of Grass Valley as additional insured for your business or property. Your business license certificate and your evidence of insurance will constitute your permission to encroach. I certify under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

SIGNATURE _____

PRINT NAME _____

Title _____ Application Date _____

RETURN APPLICATION BY MAIL TO:
City of Grass Valley - Business Licensing
8839 N. Cedar Ave #212
Fresno, CA 93720-1832
SCAN & RETURN APPLICATION BY EMAIL TO:
GrassValley@hdlgov.com

NOTICE: Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: The Division of the State Architect at www.dgs.ca.gov/dsa - The Department of Rehabilitation at www.dor.ca.gov - The California Commission on Disability Access at www.cdda.ca.gov.

Thank you for doing business in the City of Grass Valley

SECTION 1: SERVICE OF PROCESS ADDRESS, PURSUANT TO AB 2184 - AVAILABLE FOR PUBLIC INSPECTION

If you wish to protect your residential address with a different service of process address, please provide it here.

NOTE - if your service of process address is a post office box or private mailbox, it must comply with paragraph (2) of subdivision (b) of Section 17538.5 of the California Business and Professions Code. Refer to [AB 2184](#) for more information.

Service of Process Address _____

Residential Address to protect

Business Location

Mailing Address

Owner/Partner/Officer Address

SECTION 2: NPDES PERMIT PROGRAM, PURSUANT TO SB 205 - STORMWATER DISCHARGE

*If you are a business that is a regulated industry with storm water discharge requirements in accordance with the [SB 205 NPDES](#) permit program, please complete the following:

SIC # _____ **Permit #** _____

*Otherwise, please provide the following identification numbers:

Notice of Non-Applicability # _____ **OR** **No Exposure Certification #** _____

If you do not have an SIC number or a Permit number, or if you are unaware of the requirement, please contact the State Water Resources Control Board at www.waterboards.ca.gov/water_issues/programs/stormwater/contact.html. The State Water Resources Control Board will issue your "Water Discharge Identification Number", "Notice of Non-Applicability" identification number, or "No Exposure Certification" identification number.