



BUSINESS LICENSE APPLICATION

305 N Mt. Shasta Blvd • Mt. Shasta, CA 96067
(530) 926-7510 • FAX (530) 926-7521 www.mtshastaca.gov

City Staff will Complete

Fees Paid: \$ _____

Date: _____

Initial: _____

CR #: _____

Please mark one: ☐ New Business ☐ Change of Ownership ☐ Change of Business Location

☐ Change of Business Name ☐ Add/Change Business Description ☐ Other please explain _____

Business Start Date (in Mt. Shasta): _____ Business Phone #: _____

Business Name: _____

Business Location: _____

Business Mailing Address (If Different): _____

Type of Business: Corporation: ☐ Ltd. Liability Corp. ☐ Partnership: ☐ Sole: ☐ Other: _____

Please explain

Non-Profit Status with IRS: Yes: ☐ No: ☐ Must provide proof of Non-Profit Status with application

Social Security # or Federal Tax ID #: _____ Driver's License #: _____ State: _____

Email Address: _____

Personal/Cell Phone #: _____ CA Dept. of Tax & Fee Admin – Seller Permit #: _____

Description of Business: _____

Business Owners Names: _____

If a Corporation, LLC or Partnership list principal parties: _____

Number of **local** Full-Time Employees: _____ Part-Time: _____

Restaurants - Number of Seats: _____ Hotel/Motel/Rentals – Number of Rooms/Units: _____

CA Contractor's License: _____ Worker's Compensation Policy No. _____

Is your business located in the downtown Parking District? ☐ Yes ☐ No (see Parking District information)

If **YES**, please fill out the Parking District Information portion of this application.

Does your business involve preparation or selling of food or beverages? ☐ Yes ☐ No

If **YES**, you must provide an approved health certificate which can be acquired through the Siskiyou County Health Department.

Is your business run out of your home in Mt. Shasta? ☐ Yes ☐ No

If **YES**, a home occupation permit is required from the Planning Department before a business license can be issued.

Senate Bill No. 205: Stormwater Discharge Compliance

Existing law requires the State Water Resources Control Board and the California Regional Water Quality Control Boards to prescribe waste discharge requirements for the discharge of storm water by municipalities. Municipalities are required to inquire if industrial businesses within their jurisdictions have the appropriate stormwater discharge permits. To comply with this State regulation, please enter your business SIC Code below and answer the applicable questions.

For more information visit:

https://www.waterboards.ca.gov/water_issues/programs/stormwater/sb_205_business_license_requirements.html

Business SIC (Standard Industrial Classification) Code: _____

SIC codes required to provide a permit number: 0211-0272 • 20XX-39XX • 4221-4225 • 10XX-14XX • 4953 • 5015 • 5093 • 4911 • 40XX-45XX • 5171 • 4952

Is your SIC code listed above? ☐ Yes ☐ No

If **YES**, please provide one of the permit numbers listed below:

Waste Water Discharger Identification (WDID) #: _____ No Exposure Certification (NEC) #: _____

Notice of Non-Applicability (NONA) #: _____

This information is subject to disclosure pursuant to the California Public Records Act

I understand and acknowledge that issuance of a City business license may require proof of authorization from other agencies and does not authorize a person to conduct an unlawful business or to conduct a business that is not in compliance with all other rules, regulations and statutes of the federal, state and county governments and City of Mt. Shasta. I, the undersigned, certify under penalty of perjury that the information included with this application is true and correct.

I declare my name is _____ and that this was executed on _____.
(PRINT NAME) (DATE)

(SIGNATURE)

Notice under federal and state law, compliance with disability access law 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/Home.aspx
The Department of Rehabilitation at www.rehab.cahwnet.gov The California Commission of Disability Access at www.ccda.ca.gov

Business License Fee _____ This fee includes State Mandated Disability Access & Education Revolving Fund Fee of \$1.00.
Fee schedule attached

Other permits may apply depending on type of business Sign Permits are required before installing any sign

**Building Permits are required if any structural changes are being made
(Fees, fines & penalties may apply with failure to comply)**