



BUSINESS LICENSE APPLICATION

CITY OF MT. SHASTA
305 N. MT. SHASTA BOULEVARD
MT. SHASTA, CALIFORNIA 96067
(530) 926-7510

Regular Business License Daily License (\$19/day or \$139/qtr) Peddler/Solicitor

Seasonal/Quarterly - Licensed Contractors Only Specify months of operation _____

Door to Door Fixed Mobile Mobile

Non-Profit Organization (501c3 required) Other (Specify)_____

NAME OF BUSINESS: _____

NAME OF BUSINESS OWNERS: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT): _____

EMAIL ADDRESS: _____

BUSINESS TELEPHONE: _____ PERSONAL/CELL PHONE: _____

TYPE OF BUSINESS: _____

WHOLESALE RETAIL PERSONAL SERVICES

FOOD SERVICE NUMBER OF SEATS _____

MOTEL/HOTEL NUMBER OF ROOMS _____

RENTALS NUMBER OF RENTAL UNITS _____

OTHER SPECIFY _____

SQ. FT. OF BUSINESS FLOOR - Parking District, Only (See map): _____

NUMBER OF ON-SITE PAVED PARKING SPACES - Parking District, Only (See map): _____

NUMBER OF LOCAL FULL-TIME EMPLOYEES: _____ PART-TIME: _____

FEDERAL TAX ID OR SOCIAL SECURITY NUMBER: _____

OWNER'S DRIVERS LICENSE NO. _____ ISSUING STATE ____ EXPIRES: _____

STATE BOARD SELLERS PERMIT NO. _____

STATE CONTRACTORS LICENSE NO.: _____

Are any signs or banners anticipated? Yes* No

***If yes, you are required to obtain a Sign Permit. If you fail to do so, you may be subject to fines & penalties.**

Issuance of a business license is intended solely as evidence that the required tax has been paid, and does not indicate approval to operate said business if Planning, Health, or Building Department approvals are required for the proposed operations and/or location. No refunds will be made if denial of such approvals prevents the business from operation, so those departments should be contacted before remitting license fees.

*I CERTIFY THAT THE INFORMATION PROVIDED ABOVE
IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.*

SIGNATURE OF BUSINESS OWNER: _____

OFFICE USE ONLY

HOME OCCUPATION PERMIT. REQUIRED:. _____ *APPROVED:* _____

Date Received/Opened: _____ **Receipt #** _____ **Amount Paid \$** _____ **+ 4.00 DAE**

(PLEASE SEE REVERSE FOR INSTRUCTIONS AND APPROVAL REQUIREMENTS)