



**DAILY BUSINESS LICENSE APPLICATION**  
 305 N Mt. Shasta Blvd • Mt. Shasta, CA 96067  
 (530) 926-7510 • FAX (530) 926-7521 [www.mtshastaca.gov](http://www.mtshastaca.gov)

**City Staff will Complete**  
**Fees Paid:** \$ \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Initial:** \_\_\_\_\_  
**CR #:** \_\_\_\_\_

Please mark one:  Daily Business License (\$15/per day + DAE)  Quarterly Business License (\$135/per quarter + DAE)  
**Disability Access & Education Revolving Fund Fee of \$4.00 will be collected annually (DAE)**

Dates of Business (in Mt. Shasta) From: \_\_\_\_\_ To: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Location: \_\_\_\_\_

Business Mailing Address (If Different): \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Personal/Cell Phone #: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Address or Location of Mobile Business: \_\_\_\_\_

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: \_\_\_\_\_

CA Department of Tax & Fee Admin – Seller Permit #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Description of Business: \_\_\_\_\_

Business Owners Names: \_\_\_\_\_

If a Corporation, LLC or Partnership list principal parties: \_\_\_\_\_

Have you obtained a California Sellers Permit?  Yes  No  
 If **NO**, please visit the California Department of Tax and Fee Administration website to apply <https://www.cdtfa.ca.gov/>

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.

**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](http://www.dgs.ca.gov/dsa/Home.aspx)  
 The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov) The California Commission of Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov)

Business License Fee \_\_\_\_\_ This fee includes State Mandated Disability Access & Education Revolving Fund Fee of \$4.00.  
 Fee schedule attached

**\*Other permits may apply depending on type of business\***