

CITY OF CRESCENT CITY BUSINESS LICENSE APPLICATION

Finance Department
377 J Street
Crescent City, CA 95531
707-464-7483

Business Number

Customer Number

APN

General Information, Please Read.

Once you have completed this application, it will be circulated to most City department heads for information and to allow them to check that your business will be operating legally and that you have obtained all known additional permits required by State or local law. Once all the required signatures are obtained, the Finance department will mail your license notice indicating amount due. Businesses are classified in several categories and since the license fee is based on your classification, please be specific and complete in your description of the type of business you will be conducting. Depending on your business type, you may be required to attach supplement forms or show proof of other licenses or permits, such as a Home Occupation Permit, a Second Hand Dealer's License, a Firearms Sellers License, etc. A portion of the fee is also based on the number of positions (including owner) and additional charges may be required if you are a non-resident business, a motel owner, operator of a flea market, etc.

PLEASE PROVIDE ALL INFORMATION REQUESTED

Incomplete information will result in delays in processing your application.

Application For: New Business _____ Updated Application _____ Location Change _____
Change of Ownership _____ Address Change _____

Business Name: _____

Owner's Name: _____
Last Name First Name Middle Initial

Describe Business Activity (type of product or service): _____

Mailing Address: _____

Business phone # _____ Alternate phone # _____

Business Address _____

Business start date (use estimate if actual date not known) _____

Indicate Business Type: Sole Proprietor ____, Corporation ____, Partnership ____, LLC or LLP ____

SIC Code: _____

Identification Numbers: Social Security (SSN) _____
Federal Employer (FEIN) _____
Board of Equalization (BEAN) _____
State Contractors License # _____

Number of Positions (including owner), use full time equivalents _____

If Non - Resident Business, number of days per year _____

If you answer, "yes" to any of the following questions you need to call the office to learn what additional information may be needed:

- Will your business involve selling second hand property? _____
- Will your business involve the sale of firearms? _____
- Will your business involve the operation of a card Room? _____
- Does your business involve auctions? _____

Worker's Compensation Declaration is now required.

WORKERS' COMPENSATION DECLARATION

Check applicable box and sign declaration:

I hereby affirm, under penalty of perjury, one of the following declarations:

- I have and will maintain a certificate of consent to self-insure for workers' compensation as provided by Section 3700 for the duration of any business activities conducted for which this license is issued.
- I have and will maintain workers' compensation insurance as required by Section 3700 of the Labor Code.
Policy Number _____ Insurance carrier _____
- I certify that in the performance of any business activities for which this license is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of the State of California. I agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with the provisions of Section 3700.

Signature & Name _____ Date _____

If a non-resident business, skip page three,

If the business is located within the City Limits, please complete page three.

CERTIFICATION

I, the undersigned, in applying for a business license from the City of Crescent City, Certify under penalty of perjury that the information included with this application is true and accurate. I also understand that issuance of a City business licenses 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 statues of the State or Local governments.

Applicant's Name _____ Title _____

Signature _____ Date _____

Finance Department use only

	Annual Amount	Prorated Amount
Class: _____	_____	_____ -
Positions _____	_____	_____
Additional Fees _____	_____	_____
Totals (or minimum of \$ 10)	_____	_____
Prorated from _____ to _____		Amt Paid _____
Receipt No _____		Receipt Date _____

ZONING INFORMATION

What zone is this business in? _____
 Is this business allowed in this zone? _____ No _____ Yes, no permit required _____ Yes, with a permit
 What is permit application status? _____
 Is it in the Coastal Zone? ___ If yes, what additional actions are required? _____
 Planning Department comments, if any _____

REQUIRED PARKING

City parking requirements are based on the gross floor size or lot area of your business. Check with the Planning Department to determine the number, size and type of spaces needed.
 Floor area of your business, _____ sq. ft.
 Total number of off-street parking spaces provided exclusively for your business _____
 Condition: Paved_____, Striped _____, Gravel_____, or Other _____
 Planning Department comments, if any: _____

HOME OCCUPATION PERMIT

Do you work out of, or run your business from your home? _____ If yes, please contact the Planning Department to determine if a Home Occupation permit is required.
 Planning Department comments, if any _____

SIGN PERMITS

Most new businesses will need new signs, and new signs require a sign permit. Check with the Planning Department for specific requirements and to obtain Sign Permits.
 Planning Department comments, if any _____

HAZARDOUS MATERIALS INFORMATION

If any of the following equipment or material is required for the proposed use, please indicate size, type and amount.
 Acid_____, Chemical solvents_____, Clarifier_____, Explosives_____, Grease Trap_____, Flammables_____,
 Parts washer_____, Spray booth or painting_____, Equipment requiring cooling water_____,
 Comments or information: _____

GENERAL INFORMATION

Please indicate whether this is a change of use_____, newly constructed building_____, change of business occupant_____, additional occupant_____, or change of ownership_____. Former use, if known _____
 Are any modifications to the building needed? (Outside or Inside)_____ Estimated Cost _____
Are entry and toilet facilities Handicapped Accessible? _____
 Comments, if any _____
Type of Sewer Account: Light Commercial _____ Heavy Commercial _____ Residential _____
 Pretreatment Program Required: _____ Yes _____ No

Occupancy of any building is prohibited and a Business License will not be issued until the building is inspected.

Reviewed By: Planning Department _____ Building Department _____ Public Works _____
 Fire Department _____ D.N. Co. Health _____