



CLASS "O" BUSINESS LICENSE APPLICATION
 CITY OF CRESCENT CITY
 377 J STREET
 CRESCENT CITY, CA 95531
 PH: 707-464-7483 FAX: 707-465-4405
www.crescentcity.org
 Incomplete applications will not be processed.

Please note: This application is for a Class "O" business license only. This would apply to those peddlers or merchants, not having a regularly established place of business, instead conducting business as a vendor in Farmer's Market's or other public venues.

BUSINESS INFORMATION

Business Name (DBA) _____

This name appears on your business license

Owner is a Veteran

Organization is Non-Profit

If you have checked either box please provide a copy of your DD Form 214 or proof of non-profit status to have fees waived.

Owner Name(s): _____

Mailing Address _____

City, State, Zip _____

email address _____

FAX: _____

Phone #1 _____

Phone #2 _____

Business Start Date _____

Please send a renewal letter before my license expires

Identification Numbers (at least one identification number must be provided):

Social Security Number (SSN) - if sole proprietorship without FEIN _____

Federal Employer (FEIN) _____

Board of Equalization - Sellers Permit (if applicable) _____

Business activity must be described in detail (what type of merchandise or service might you provide, etc) :

Does your business involve preparation of food or beverages?*

Yes

No (check one)

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

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 license 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 State and Local governments.

Name, Printed _____

Title _____

Signature _____

Date _____

FINANCE DEPARTMENT USE ONLY

BUSINESS LICENSE # _____

CUSTOMER # _____

Class O \$ 15.00

SB1186* \$ 4.00

TOTAL \$ 19.00

Exempt (no fees apply)

Receipt #/Date _____

*SB1186 Fee for disability access and compliance law. 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 on Disability Access at www.cdda.ca.gov