

☐ RENEWAL
☐ NEW BUSINESS

City of Sutter Creek

Return to:

CITY OF SUTTER CREEK
18 Main Street
Sutter Creek, CA 95685
(209) 267-5647

BUSINESS LICENSE APPLICATION

PLEASE TYPE OR PRINT.

BUSINESS NAME		
BUSINESS ADDRESS (COMPLETE ADDRESS, CITY, STATE, ZIP)		ASSESSOR PARCEL NUMBER
BUSINESS TELEPHONE	OWNER'S TELEPHONE	DATE BUSINESS STARTED IN SUTTER CREEK
BUSINESS OWNER	BUSINESS EMAIL ADDRESS	BUSINESS WEBSITE
BUSINESS OWNER'S HOME ADDRESS (COMPLETE ADDRESS, CITY, STATE, ZIP)		OWNER'S SOCIAL SECURITY NUMBER
TYPE OF APPLICATION <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC <input type="checkbox"/> CORPORATION (LIST ALL PARTNERS) (LIST OFFICERS & TITLES) ATTACH SEPARATE LIST IF NECESSARY		
NAME / TITLE	COMPLETE ADDRESS	(AREA CODE) PHONE
NAME / TITLE	COMPLETE ADDRESS	(AREA CODE) PHONE
NAME / TITLE	COMPLETE ADDRESS	(AREA CODE) PHONE
SALES TAX PERMIT # (BOARD OF EQUALIZATION)	STATE EMPLOYER I.D. #	FEDERAL EMPLOYER I.D. #
* PROOF OF PERMIT ISSUED BY BOE IS REQUIRED		

MAILING INFORMATION:

NAME

ADDRESS

CITY, ST, ZIP

ANNUAL \$174.00

SEMI-ANNUAL \$89.00

ONE TO THIRTY DAYS. . . \$30.00

CA DISABILITY ACCESS FEE PER AB1379 OF \$4.00 IS INCLUDED WITH THE FEES ABOVE.

SIX MONTH PERIOD EITHER JAN-JUN OR JULY-DEC.

WE DO NOT PRORATE.

PLEASE FILL IN APPROPRIATE SPACES:

_____ NUMBER OF EMPLOYEE'S INCLUDING OWNER.

_____ NUMBER OF PROFESSIONALS, _____ NUMBER OF ASSISTANTS OR EMPLOYEES

_____ NUMBER OF UNITS (ROOMS, APTS., BEDS, SPACES, VEHICLES, TABLES, CHAIRS, ETC.)

_____ NUMBER OF RENTALS (AUTO, TRAILERS, PLANES, ETC.)

_____ OTHER _____

TYPE OF BUSINESS (GIVE FULL DESCRIPTION)

AFFIDAVIT: I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE REPORTED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE BEEN GIVEN A SIGN PERMIT APPLICATION AND I WILL COMPLY WITH ALL PROVISIONS OF THE CITY OF SUTTER CREEK SIGN ORDINANCE.

SIGNATURE:

AVOID PENALTIES – FILE PROMPTLY

ALL BUSINESSES ARE SUBJECT TO AUDIT

OFFICE USE ONLY

RECEIVED BY _____ DATE _____

AMOUNT _____ RECEIPT # _____ CASH ☐ CHECK ☐ CREDIT/DEBIT CARD ☐

SIC CODE _____

APPROVED

DENIED

OCCUPANCY PERMIT _____

USE PERMIT _____

ZONING COMPLIANCE _____

POLICE CLEARANCE _____

GREASE/OIL/SAND INTERCEPTOR _____