

APPLICATION FOR CITY OF ISLETON BUSINESS LICENSE

CITY OF ISLETON

PO Box 716, 101 Second Street, Isleton, CA 95641

Telephone (916) 777-7770 Fax (916) 777-7775

B/L FEE - \$80.00 INSPECTION FEE - \$30.00

Check No. _____ Amount _____ Date ___/___/___

PLEASE DO NOT WRITE ABOVE THIS LINE

DATE ___/___/___ FIRST DAY OF BUSINESS ___/___/___
NEW TAX _____ RENEWAL _____ CHANGE OF OWNER _____ CHANGE OF ADDRESS _____

EMAIL: _____

OWNER(S) (Last, First, MI) OR CORPORATION _____

OWNER(S) OR CORPORATION MAILING ADDRESS _____

NAME OF BUSINESS (D.B.A.) _____

BUSINESS MAILING ADDRESS _____

BUSINESS SITE ADDRESS _____

BUSINESS PHONE _____ EMERGENCY PHONE _____
(Must be different # than Business Phone)

FEDERAL EMPLOYER I.D. # (FEIN) (if applicable) _____

STATE EMPLOYER I.D. # (SEIN) (if applicable) _____

STATE BOARD OF EQUALIZATION RESALE PERMIT# _____

STATE CONTRACTOR'S LICENSE # _____ EXPIRATION DATE _____

BUSINESS CLASSIFICATION CODE (BCC) _____ OR STANDARD INDUSTRIAL CODE _____ (if known)

TYPE OF OWNERSHIP: Sole Ownership _____ Partnership _____ Husband/Wife _____ Corporation _____ Joint Venture _____

NUMBER OF EMPLOYEES (not owners) _____

BUSINESS IN HOME: YES _____ NO _____ (i.e., Will your home be used to conduct all of part of your business?)

If yes, acknowledgment of "Home Occupation Regulations" _____ (Signature)

TYPE OF BUSINESS YOU INTEND TO OPERATE _____

Describe the activities of your business (include type of product, services, etc.) _____

FOR CITY USE ONLY:

<u>Date</u>	<u>Department</u>	<u>Action</u>	<u>Initials</u>
___/___/___	Planning	_____	_____
___/___/___	Building	_____	_____
___/___/___	Fire	_____	_____

Staff Comments: _____

Special License Required: Yes _____ No _____

Current County Special License Number _____ Expiration Date: ___/___/___

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct:

Signature of Applicant

Date

EMAIL TO YVONNE.ZEPEDA@CITYOFISLETON.COM

APPLICATION FOR CITY OF ISLETON BUSINESS OPERATION TAX

- A. Will your business be equipped with an alarm system? Yes___ No___
 - B. Will the following materials be dispensed, stored, distributed, or used in the normal course of your business activity?
 - 1. Food or drink intended for human consumption Yes___ No___
 - 2. Alcoholic beverages Yes___ No___
 - 3. Concealable firearms or gunpowder Yes___ No___
 - 4. Over 500 junk tires Yes___ No___
 - 5. Do you anticipate the use, storage or handling of hazardous materials, (solvents, fuels, paint, etc.) in your business, which at any one time exceed the following amounts?
(The listed amounts apply regardless of the individual container size)
55 Gallons (liquids) 500 Pounds (solids) 200 Cubic Feet (gases) Yes___ No___
 - 6. Will your business operations result in the generation of any hazardous wastes?
Yes___ No___
- If the answer to 5 and 6 were both "no", skip question 7.
- 7. If you answered "yes" to either 5 or 6, will your business be located within 1000 feet of a school, daycare, or medical facility? Yes___ No___
- C. Will you regularly or occasionally provide facilities for the following premises?
 - 1. Live music, entertainment, or theatrical presentations Yes___ No___
 - 2. Dancing Yes___ No___
 - 3. Electronic, mechanical, or video games of skill. How many? _____ Yes___ No___
 - 4. Pools, billiards, or cards. How many? ____ Yes___ No___
 - 5. Swimming, sauna, steam room, or spa Yes___ No___
 - 6. Adult only, X-rated, or sexually oriented activities Yes___ No___
 - D. Will you use or employ residential door-to-door solicitors or canvassers? Yes___ No___

SPECIAL BUSINESS OPERATION TAX REQUIREMENTS

Owner(s) Date of Birth: _____ / _____ / _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Month Day Year Month Day Year </div>
Acknowledge background check will be performed: _____ (initial here).

*****IMPORTANT - - - PLEASE READ THE INFORMATION BELOW*****

BUSINESS OPERATION TAXES ARE ISSUED SUBJECT IN PART TO THE INFORMATION PROVIDED BY APPLICANTS. ANY CHANGE IN THE INFORMATION PROVIDED MAY INVALIDATE THE BUSINESS OPERATIONS TAX. THE GENERAL BUSINESS OPERATION TAX IS NOT TRANSFERABLE TO A NEW OWNER, NEW TYPE OF BUSINESS ACTIVITY OR LOCATION.

IT IS THE RESPONSIBILITY OF ALL BUSINESS OPERATION TAX APPLICANTS TO IDENTIFY AND OBTAIN ALL SPECIAL PERMITS AND APPROVALS REQUIRED BY A FEDERAL, STATE, OR COUNTY REGULATIONS. IT IS ALSO THE RESPONSIBILITY OF THE APPLICANTS TO COMPLY WITH ALL CITY BUILDING AND ZONING REGULATIONS. IT IS ALSO THE RESPONSIBILITY OF THE APPLICANTS TO COMPLY WITH ALL CITY BUILDING AND ZONING REGULATIONS AND ORDINANCES. FAILURE TO DO SO MAY INVALIDATE YOUR RIGHT TO DO BUSINESS IN THIS CITY AND IN ADDITION MAY SUBJECT YOU TO PENALTIES AND LEGAL SANCTIONS.

A \$50.00 REFUND WILL BE ISSUED IN THE EVENT OF THE DENIAL OF A GENERAL BUSINESS OPERATION TAX. ALL OTHER TAXES AND/OR PERMIT FEES ARE NON-REFUNDABLE.

THIS APPLICATION IS PUBLIC RECORD.

I declare that under penalty of perjury under the laws of the State of California that the foregoing is true and correct:

Signature of Applicant

Date

EMAIL TO YVONNE.ZEPEDA@CITYOFISLETON.COM