CITY OF AUBURN

FINANCE DEPARTMENT
1225 Lincoln Way • Auburn, CA 95603
Phone: (530) 823-4211 x114 • FAX: (530) 823-4209

BUSINESS LICENSE APPLICATION

Please Check One
- ☐ New Application
- ☐ Change of Owner
- ☐ Change of Address
- ☐ Change of Business Name
- ☐ Home Occupation

FEE MUST ACCOMPANY APPLICATION - NON REFUNDABLE

Business Name/DBA _____

Corporate Name (if applicable) _____

Business Location _____
(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)

City _____ **State** _____ **Zip** _____ **Email Address** _____

Mailing Address _____

City _____ **State** _____ **Zip** _____ **Website** _____

Public Phone No. _____ **Fax No.** _____

Bus. Start Date	Description of Business Activity

Ownership ☐ Corporation ☐ LLC ☐ LLP ☐ Partnership ☐ Sole Proprietor ☐ Trust

Resale No. _____ **Federal ID No.** _____ **State ID No.** _____

Contractor State License No. _____ **State Lic. Type** _____ **Expire Date** _____ **DBE Certification No.** _____

Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary)

Per AB 2184, you may protect your residential address by providing a different Service of Process address in accordance with Sections 16000.1(a)(2) and 16100.1(a)(2) of the Business and Professions Code. To do so, please fill out the section on the back of this form.

1st Owner Name _____ **Title** _____

Home Address *(Cannot be P.O. Box)* _____

Home Phone No. _____ **Cell** _____

2nd Owner Name _____ **Title** _____

Home Address *(Cannot be P.O. Box)* _____

Home Phone No. _____ **Cell** _____

In case of emergency, please contact (attach additional sheet, if necessary)

Contact Name _____

Address _____

Phone No. _____ **Cell/Pager No.** _____

PLEASE READ, SIGN AND DATE

I declare, under penalty of perjury under the laws of the State of California, that the information provided in this application is true and correct.

Signature of Owner: _____

Print Name: _____

Title: _____ Date: _____

Thank you for doing business in the City of Auburn

PAYMENT MUST BE SUBMITTED WITH APPLICATION. NO BILL WILL BE SENT. CALCULATE PAYMENT BASED ON ATTACHED FEE SCHEDULE.

PLEASE FILL IN APPROPRIATE BOXES

Hazardous Materials Storage Disclosure:
- ☐ Filed
- ☐ Not Applicable

Signs:
- ☐ No sign
- ☐ Use existing sign (no changes)
- ☐ Modify existing sign
- ☐ New Sign

Tenant Square Footage _____

At any time will you be conducting business at the Auburn Municipal Airport? Yes ☐ No ☐

Estimated Gross Receipts for the first 12 months of operation $ _____

No. of Employees ☐ **No. of Professionals** ☐

Are you a business that is a regulated industry with stormwater discharge requirements in accordance with the SB 205 NPDES permit program?
☐ Yes ☐ No
If yes, please provide the SIC # and Permit #.

SIC #: _____ **NPDES Permit #:** _____

NOTICE: Under federal and state law, compliance with disability access laws 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 - The Department of Rehabilitation at www.dor.ca.gov - The California Commission on Disability Access at www.ccda.ca.gov.

OFFICIAL USE ONLY

LICENSE FEE	$
BUSINESS IMPROVEMENT AREA FEE	$
STATE CASp FEE	$ 4.00
TOTAL FEE	$

SERVICE OF PROCESS ADDRESS, PURSUANT TO AB 2184 - AVAILABLE FOR PUBLIC INSPECTION

If you wish to protect your residential address with a different service of process address, please provide it here.
NOTE - if your service of process address is a post office box or private mailbox, it must comply with paragraph (2) of subdivision (b) of Section 17538.5 of the California Business and Professions Code.

Service of Process Address _____

Residential Address to protect ❑ Business Location ❑ Mailing Address ❑ Owner/Partner/Officer Address