

# Application for Business License

**INSTRUCTION TO APPLICANT:** This application must be filled out completely and accurately before a license may be issued by the City Clerk. In conjunction with the license, the data provided below is considered confidential and will be handled accordingly. Please refer to Ordinance No. 295 and Resolution No. 2006-13 for clarification. *Sales or use tax may apply to your business activities. You may seek written advice regarding the application of tax to your particular business by writing to the nearest Board of Equalization office.*

## SECTION A: Business Information

Mark the section which best describes your business.

*Type of Business:*

- Retail/Wholesale Store
- Beauty/Barbershop
- Hotel/Inn
- Market (less than 10,000 sq ft.)
- Medical/Dental Office
- Gas Station/Repair Shop
- Professional Services
- Market/Grocer (more than 10,000 sq ft.)
- Contractor/Sub-Contractor
- Farm Equipment Sales
- Petroleum Distributors
- Rice Mill/Dryer
- Gravel Hauling
- Route Sales
- Rental Units: \$30 for 1<sup>st</sup> unit, \$10 each additional unit
- Signage
- Solicitor/Peddler
- Other \_\_\_\_\_

*License Fee:*

Every person carrying on or conducting business at a fixed place of business shall pay a monthly license fee of \$5.00, payable quarterly in advance or yearly in advance. Minimum fee license shall be issued for \$30.00.

Every person carrying on a business or profession enumerated in this subsection shall pay an annual license tax of Sixty Dollars (\$60.00). Minimum Fee license shall be issued for \$30.00. No license will be issued for less than a minimum amount of \$30.00.

Business Name: \_\_\_\_\_

Location Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

**AFFIDAVIT:**

All the above stated information is true to the best of my knowledge and I understand this License may be revoked if the use is found to be in violation of Business License Code of the City of Biggs.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

- Owner
- Partner
- Agent

## SECTION B: Owner(s) Information

Complete the following:

Individual                      Owner(s) Names: \_\_\_\_\_

Corporation                      \_\_\_\_\_

Partnership                      \_\_\_\_\_

Owner(s) Address: \_\_\_\_\_  
\_\_\_\_\_

Owner(s) Phone No.: \_\_\_\_\_

## SECTION C: License/Permit Information

Have all State and/or County License requirements been satisfied:                       Yes                       No

County Health Department: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

State Board of Equalization No.: \_\_\_\_\_  
\_\_\_\_\_

State Employee ID: \_\_\_\_\_

Social Security No. or Federal Employee ID: \_\_\_\_\_  
\_\_\_\_\_

Additional information: \_\_\_\_\_  
\_\_\_\_\_