

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 1st 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. **Per State Senate Bill 1186, add \$1.00 to total license fee.**

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: _____
