



CITY OF AUBURN

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

Please Check One

New Application

Change of Owner

Change of Address

Change of Business Name

Home Occupation

BUSINESS LICENSE APPLICATION

FEE MUST ACCOMPANY APPLICATION - NON REFUNDABLE		- OFFICIAL USE ONLY -	
Business Name/DBA _____		Business License No. _____	
Corporate Name _____ (if applicable)		Type _____	
Business Location _____ <small>(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)</small>		Expiration Date _____	
City _____ State _____ Zip _____		Business Code _____	
Mailing Address _____		Tax Code _____	
City _____ State _____ Zip _____		Website _____	
Public Phone No. _____ Fax No. _____		Email Address _____	
		FOR CITY USE ONLY This information will not be made public.	

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 _____

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 #: _____

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

Contact Name _____

Address _____

Phone No. _____ Cell/Pager No. _____

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.cdda.ca.gov.

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**

OFFICIAL USE ONLY	
LICENSE FEE	\$ _____
BUSINESS IMPROVEMENT AREA FEE	\$ _____
STATE CASp FEE	\$ 4.00
TOTAL FEE	\$ _____

SERVICE OF PROCESS ADDRESS, PURSUANT TO AB2184 - 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