



**CITY OF AUBURN**  
FINANCE DEPARTMENT  
1225 Lincoln Way • Auburn, CA 95603  
Phone: (530) 823-4211 x142 • 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 \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Public Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

**- OFFICIAL USE ONLY -**

Business License No. \_\_\_\_\_

Type \_\_\_\_\_

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

Business Code \_\_\_\_\_

Tax Code \_\_\_\_\_

Website \_\_\_\_\_

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 \_\_\_\_\_

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](http://www.dgs.ca.gov/dsa) - The Department of Rehabilitation at [www.dor.ca.gov](http://www.dor.ca.gov) - The California Commission on Disability Access at [www.ccdca.ca.gov](http://www.ccdca.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