

**CITY OF LAKEPORT**

225 Park Street, Lakeport, CA. 95453  
 Phone: (707) 263-5613X20  
 Fax: (707) 263-9413

Application  
 date: \_\_\_\_\_

# BUSINESS LICENSE APPLICATION

**OFFICE USE ONLY:**

**BUSINESS CODE:** \_\_\_\_\_  
**YEARLY FEE:** \_\_\_\_\_  
**+ \$10 PER EMPLOYEE:** \_\_\_\_\_  
**PRO-RATED TOTAL** \_\_\_\_\_  
**RECEIPT NO.** \_\_\_\_\_

**THIS IS AN APPLICATION FOR A BUSINESS LICENSE. FILLING OUT THIS APPLICATION DOES NOT CONSTITUTE APPROVAL TO OPERATE A BUSINESS. AFTER REVIEW AND APPROVAL OF YOUR APPLICATION AND PAYMENT OF THE REQUIRED FEES, A BUSINESS LICENSE WILL BE PROCESSED AND MAILED TO YOU.**

## BUSINESS INFORMATION

**BUSINESS NAME:** \_\_\_\_\_  
**BUSINESS STREET ADDRESS:** \_\_\_\_\_ **CITY/ZIP:** \_\_\_\_\_  
**BUSINESS MAILING ADDRESS:** \_\_\_\_\_ **CITY/ZIP:** \_\_\_\_\_  
**BUSINESS PHONE:** (\_\_\_\_) \_\_\_\_\_ **FAX NUMBER:** (\_\_\_\_) \_\_\_\_\_  
**TYPE / DESCRIPTION OF BUSINESS:** \_\_\_\_\_ **DATE STARTED BUSINESS** \_\_\_\_\_  
**WEB SITE:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_  
**DAYS OF OPERATION PER WEEK:** \_\_\_\_\_ **HOURS OF OPERATION PER DAY:** \_\_\_\_\_  
**NUMBER OF EMPLOYEES WORKING IN CITY (FULL AND/OR PART TIME):** \_\_\_\_\_  
**LEGAL STATUS (check one):** SOLE PROPRIETORSHIP \_\_\_\_\_; PARTNERSHIP \_\_\_\_\_; CORPORATION \_\_\_\_\_  
**STATE RESALE TAX NO.:** \_\_\_\_\_ **STATE LICENSE NUMBER:** \_\_\_\_\_  
**FEDERAL EMPLOYER'S ID NO.:** \_\_\_\_\_ **STATE EMPLOYER'S ID NO.:** \_\_\_\_\_  
 IF YOU DO NOT HAVE ALL LICENSES OR PERMITS, DESCRIBE THE STATUS OF THOSE NOW PENDING:  
 \_\_\_\_\_

## OWNERSHIP INFORMATION

INFORMATION NEEDED	OWNER NO. 1	OWNER NO. 2
OWNER(S) NAMES(S) - (PRINT)		
HOME MAILING ADDRESSES		
CITY / STATE / ZIP CODE		
HOME PHONE(S)	(    )	(    )
SOCIAL SECURITY NO.		
DATE OF BIRTH		

**EMERGENCY CONTACT (OTHER THAN OWNER(S):** \_\_\_\_\_

## COMPLIANCE INFORMATION (ZONING - SIGNS - REMODELING)

IT IS NECESSARY THAT ALL BUSINESS ACTIVITY IN THE CITY OF LAKEPORT COMPLY WITH LOCAL ZONING, BUILDING, FIRE ORDINANCES AND WITH THE REQUIREMENTS OF OTHER FEDERAL, STATE, COUNTY, AND OTHER REGULATORY AGENCIES APPROPRIATE TO THE TYPE OF BUSINESS. **IT IS NECESSARY TO OBTAIN CLEARANCE FROM THE LAKEPORT PLANNING AND BUILDING DEPARTMENTS BEFORE BEGINNING ANY ALTERATIONS OR SIGN INSTALLATIONS.**

**FINAL LICENSE APPROVAL WILL REQUIRE COMPLIANCE WITH ALL APPROPRIATE REGULATORY REQUIREMENTS.**

CONTINUED ON BACK PAGE 2

**REMODELING:**

DESCRIBE THE STRUCTURAL AND/OR FLOOR PLAN CHANGES TO BE MADE AT THE BUSINESS ADDRESS, AND FURNISH A SIMPLE DRAWING BELOW OR ON AN ATTACHED SHEET.

**SIGN INSTALLATION:**

FILL OUT AND ATTACH A LAKEPORT PLANNING DEPARTMENT SIGN APPROVAL APPLICATION AND A BUILDING PERMIT FORM DESCRIBING THE SIGN THAT WILL BE INSTALLED AT THE BUSINESS LOCATION.

**OTHER INFORMATION:**

FILING FOR A FICTITIOUS BUSINESS NAME SHOULD BE DONE BEFORE RECEIPT OF YOUR CITY BUSINESS LICENSE, AT THE OFFICE OF THE AUDITOR-CONTROLLER, ON THE SECOND FLOOR OF THE LAKE COUNTY COURTHOUSE, 255 NO. FORBES STREET (263-2311).

COLLECTION OF SALES TAX MAY BE REQUIRED BY YOUR BUSINESS. YOU MAY SEEK WRITTEN ADVICE REGARDING THE TAX REQUIREMENTS OF YOUR PARTICULAR BUSINESS BY WRITING TO THE STATE BOARD OF EQUALIZATION, 50 D STREET, SANTA ROSA, CA 95404, OR GENERAL INFORMATION BY CALLING (800) 400-7115 OR (707) 576-2100.

**I UNDERSTAND THAT THIS IS ONLY AN APPLICATION FOR A BUSINESS LICENSE, AND THAT THE FILLING OUT OF THIS APPLICATION DOES NOT CONSTITUTE ISSUANCE OF A LICENSE TO OPERATE A BUSINESS.**

**UNDER PENALTY OF PERJURY, I STATE THAT I HAVE READ THE ABOVE AND CERTIFY THAT THE INFORMATION IS TRUE AND CORRECT.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME OF SIGNER LEGIBLY: \_\_\_\_\_

TITLE: \_\_\_\_\_

**HAS POLICY 61 BEEN SIGNED?** \_\_\_\_\_

\*\*\*\*\*

**REVIEW COMMENTS: (office use only)**

ZONING FOR BUSINESS ADDRESS: \_\_\_\_\_ ZONING REQUIRED FOR THIS BUSINESS: \_\_\_\_\_

HOME OCCUPATION \_\_\_\_\_ WATER/SEWER SIGN-UP \_\_\_\_\_

**CDD**  
**Status of Contractor's Lic.** \_\_\_\_\_

**BUILDING INSPECTOR:**

\_\_\_\_ APPROVED DATE: \_\_\_\_\_

\_\_\_\_ APPROVED DATE: \_\_\_\_\_

\_\_\_\_ DENIED DATE: \_\_\_\_\_

\_\_\_\_ DENIED DATE: \_\_\_\_\_

**CODE COMPLIANCE OFFICER**

\_\_\_\_ APPROVED DATE \_\_\_\_\_

## BUSINESS LICENSE POLICY # 61

- The license you will receive is for the purpose it has been issued.
- If you have a store, restaurant, or an office open to the public the license must be displayed.
- All business signs (permanent and temporary) must be approved by the City prior to installation/display. Banners, "Feather" style signs, and other temporary signs are allowed to be displayed for 30 days per calendar year.
- Business license is based on a fiscal year (July 1 through June 30).
- The business license fee is due on or before July 31<sup>st</sup> of each year.
- There will be a 50% late fee penalty starting August 1<sup>st</sup> each year per the Lakeport Municipal Code.
- A list of delinquent business license accounts will be sent to the Police Chief for further investigation.
- If the delinquent business license account goes to the collection agency, it is your responsibility to pay all administrative fees plus all late fees related to the business license.
- It is your responsibility to contact the City of Lakeport if you have ceased doing business within the city limits and no longer need a business license.
- It is your responsibility to remove any signs which advertise a business or activity which has relocated or ceased to operate. The signs must be completely removed within 90 days from the time of relocation or cessation.
- If you sell your business, it is your responsibility to contact the City of Lakeport and provide the date you sold the business and the new owner's name and contact information.

I have read and understand the above policy.

\_\_\_\_\_  
OWNER

\_\_\_\_\_  
BUSINESS NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
OWNER

\_\_\_\_\_  
BUSINESS NAME

\_\_\_\_\_  
DATE