

**CITY OF LAKEPORT**

225 Park Street  
Lakeport, CA 95453  
Phone: (707) 263-5613 x20  
Fax: (707) 263-9413  
[www.cityoflakeport.com](http://www.cityoflakeport.com)

**ONE-TIME  
BUSINESS LICENSE**

**FEE \$11**  
**STATE REVOLVING**  
**FUND (\$1.00)**  
Receipt # \_\_\_\_\_

A One-Time Business License is valid for one job/project <u>and</u> not longer than thirty (30) days. <b>Only two (2) one-time business licenses may be issued per fiscal year (July 1 through June 30).</b> An annual business license will be required after the issuance of two one-time licenses in a fiscal year.	Businesses participating in Special Community Events (i.e., Dickens Fair, car shows, craft fairs, etc.) may obtain more than two (2) one-time business licenses per fiscal year. <b>If you are selling non-edible items – you must have a Seller’s Permit issued by the California State Board of Equalization and must properly report all sales taxes generated in the City of Lakeport.</b>
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	BUSINESS INFORMATION	OWNER INFORMATION
NAME:		
STREET ADDRESS		
CITY, STATE, ZIP		
MAILING ADDRESS		
CITY, STATE, ZIP		
PHONE NUMBER		

E-MAIL ADDRESS: \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

JOB / PROJECT ADDRESS \_\_\_\_\_

DATES WORK TO BE COMPLETED: FROM \_\_\_\_\_ THROUGH \_\_\_\_\_

LEGAL STATUS (check one): SOLE PROPRIETORSHIP\_\_\_\_ PARTNERSHIP\_\_\_\_ CORPORATION\_\_\_\_

TAX RESALE NUMBER \_\_\_\_\_

FED. EMPLOYER’S ID # \_\_\_\_\_ STATE EMPLOYER’S ID # \_\_\_\_\_

OWNER’S SOC. SEC. # \_\_\_\_\_ STATE CONTRACTOR’S LIC. # \_\_\_\_\_

***BEFORE THIS APPLICATION IS APPROVED, YOUR STATE CONTRACTOR’S LICENSE STATUS  
WILL BE VERIFIED BY THE CITY.***

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

_____ <b>SIGNATURE</b>	_____ <b>TITLE</b>	_____ <b>DATE</b>
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<b>OFFICE USE ONLY:</b>		
CONTRACTOR’S CURRENT LICENSE STATUS WITH STATE: Active ____ Suspended ____ Revoked ____		
<b>COMMUNITY DEVELOPMENT DEPARTMENT:</b> Approved ____ Denied ____ Date: _____		
COMMENTS: _____		
<b>BUILDING DEPARTMENT:</b> Approved ____ Denied ____ Date: _____		
COMMENTS: _____		