

TOWN OF LOOMIS

Commercial Business License Application



3665 Taylor Rd., P.O. Box 1330, Loomis, CA 95650 Telephone (916) 652-1840 - FAX (916) 652-1847

Business Name (DBA) _____

Business Site Address _____ ZIP _____

Business Mailing Address _____ ZIP _____

Email Address _____ Web Site _____

Business Phone # _____ FAX # _____

Emergency Contact _____ Phone # _____

Business Owner (1) _____ Owner Email _____

Social Security # _____ Home Phone # _____

Business Owner (2) _____ Owner Email _____

Social Security # _____ Home Phone # _____

Type of Ownership: Sole Proprietorship __ Partnership __ LLC __ Trust __ Corporation __ Sole Corporation __
Professional Corporation __ Non-Profit __

Business Description _____

Business Operating Days _____ Hours _____ SIC _____

Federal ID # _____ State ID # _____

State Board of Equalization # _____ Number of Employees _____

Insurance Company _____ Phone# _____

Property Owner _____ Phone # _____

Property Owner's Signature _____ Date _____

Contractor's License #/ Class _____ Exp. Date _____

Annual Taxable Sales (Not used to calculate fees) _____

Does the business store more than five gallons of any chemical, solvent, hazardous or flammable material?

No __ Yes __ If yes, must fill out Hazardous Materials Questionnaire. Date Received _____

If trucks, commercial vehicles, or pieces of equipment are parked or stored in connection with your business, please list each and their location:

(1) _____

Please use reverse side to list additional information. →

Sign Application Required? No __ Yes __ Date Approved _____

Issuance of the certificate does not entitle me to carry on the business without complying with all other Town building and zoning ordinances and all other applicable laws. I take full and sole responsibility for determining that the business location stated above has the proper zoning and is in the appropriate type of structure, and for securing all necessary approvals prior to commencement of business at this location.

Print Applicant’s Name _____ Title _____

Sign Applicant’s Name _____ Date _____

***Note:** All gun sales, massage business and ice cream truck businesses must have Sheriff Department Approval.

ID #

Zoning _____ APN # _____ - _____ - _____

Amount Paid \$ _____ Receipt # _____ Date Rec’d _____ By _____

Building Dept. _____ Planning Dept. _____ Fire Dept. _____

Placer Co. Env. Health _____ Placer Co. Sheriff _____

Placer Co. Air Pollution Control Dist. _____

ADDITIONAL CONDITIONS (Office Use Only):

ADDITIONAL APPLICANT COMMENT:
