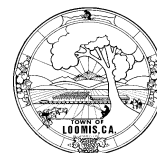


# TOWN OF LOOMIS

## 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.

<b>ID #</b>
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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:**
