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 | | ZII | P |
| Business Phone # | FAX # | | |
| Emergency Contact | Phone # | | |
| Business Owner (1) | | | |
| Social Security # | Home Phone # | | |
| Business Owner (2) | | | |
| Social Security # | Home Phone # | | |
| Type of Ownership: Sole Proprietorship | Partnership _ | LLC | Trust |
| Corporation Sole Corporation | Professional Co | rporation | Non-Profit |
| Business Description | | | |
| Business Operating Days | Hours | SIC | |
| Federal ID # | State ID # | | |
| State Board of Equalization # | | Number of Emplo | oyees |
| Email Address | _ Web Site | | |
| Insurance Company | | Phone# | |
| Property Owner | Phone # | | |
| Contractor's License #/ Class | / | Exp. Date | |
| Annual Taxable Sales (Not used to calculate fees) _ | | | |
| Does the business store more than five gallons of a | any chemical, solvent, | hazardous or flammak | ole material? |
| No Yes If yes, must fill out Hazardous Ma | terials Questionnaire. | Date Received | |
| If trucks, commercial vehicles or pieces of equipme each and their location: | ent are parked or store | ed in connection with | your business, please list |
| (1) | | | |
| | Please use r | everse side to list addi | itional information. $ ightarrow$ |
| Sign Application Required? NoYes | 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, massa | ge business and ice cream tru | ick businesses must have Sheri | ff Department Approval. | |
| | | | | |
| | ID # | | | |
| | ID# | | | |
| | | | | |
| | | APN# | | |
| Amount Paid \$ | Receipt # | Date Rec'd | Ву | |
| | | | | |
| Building Dept. | Planning Dept | Fire D | | |
| Placer Co. Env. Health | Placer Co. Sheriff | | | |
| Placer Co. Air Pollution Con | trol Dist | | | |
| | | | | |
| | | | | |
| ADDITIONAL CONDITIO | ONS (Office Use Only): | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| ADDITIONAL APPLICAN | IT COMMENT: | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |