

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) _____

Social Security # _____ - _____ - _____ Home Phone # _____

Business Owner (2) _____

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 # _____

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.

