## 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 Corp	ooration	Non-Profit	
Business Description				
Business Operating Days	Hours	SIC		
Federal ID #	State ID #			
State Board of Equalization #		Number of Emp	loyees	
Insurance Company		Phone#		
Property Owner	Phone #			
Contractor's License #/ Class	/	Exp. Date		
Annual Taxable Sales (Not used to calculate fees	s)			
Does the business store more than five gallons of	of any chemical, solvent, h	azardous or flamma	able material?	
No Yes If yes, must fill out Hazardous I	Materials Questionnaire.	Date Received		
If trucks, commercial vehicles or pieces of equip each and their location:	oment are parked or stored	d in connection with	your business, please list	
(1)	<u> </u>			
	Please use re	verse side to list add	ditional 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		
<b>Note</b> : 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:			