

NAME OF BUSINESS	(DBA)
BUSINESS LOCATION ADDRESS	

Business License Application

City of Redding
777 Cypress Ave
PO Box 496071
Redding CA 96049-6071
(530) 225-4056

ACCT NO.	CLASSIFICATION
TYPE OF BUSINESS	
NEW	
RENEWAL	
CORRECTION	
LICENSE PERIOD	

OWNER AND MAILING ADDRESS

FOLD HERE DO NOT TEAR

ZONING APPROVAL _____

PLEASE COMPLETE APPROPRIATE CATEGORY AND COMPUTE YOUR FEE ACCORDINGLY

<p>() RETAIL AND WHOLESALE SALES & MISCELLANEOUS</p> <p>1. ANNUAL BASE RATE \$ 50.00</p> <p>_____ First 4 employees @ \$8.00 each \$ _____</p> <p>_____ Remaining employees @ \$4.00 each \$ _____</p> <p style="text-align:right;">TOTAL AMOUNT \$ _____</p>	<p>() CONTRACTORS - SUBCONTRACTORS - BUILDERS:</p> <p>4. 90.00 DOLLARS PER ANNUM OR 30.00 PER QUARTER \$ _____</p> <p>() HOTELS - MOTELS - APARTMENTS - HOUSES - ROOMING HOUSES - TRAILER PARKS</p> <p>5. _____ \$ 5.00 PER UNIT PER ANNUM \$ _____</p>
<p>() MANUFACTURING AND PROCESSORS</p> <p>2. ANNUAL BASE RATE \$ 50.00</p> <p>_____ First 24 employees @ \$4.00 each \$ _____</p> <p>_____ Remaining employees @ \$2.00 each \$ _____</p> <p style="text-align:right;">TOTAL AMOUNT \$ _____</p>	<p>() LESSORS / RENTORS REAL PROPERTY:</p> <p>6. SEE BACK</p> <p>() BUSINESS OTHER THAN ABOVE.</p> <p>COIN OPERATED MACHINES, HOSPITALS, CONVALESCENT HOSPITALS, SEE BACK</p> <p>ALL OTHERS CALL CITY CLERK 225-4056.</p>
<p>() PROFESSIONAL:</p> <p>3. ANNUAL BASE RATE FOR EACH PROFESSIONAL MEMBER 90.00 X _____ \$ _____</p> <p>_____ First 8 employees @ \$6.00 each \$ _____</p> <p>_____ Remaining employees @ \$4.00 each \$ _____</p> <p style="text-align:right;">TOTAL AMOUNT \$ _____</p>	<p>SIGNED UNDER PENALTY OF PERJURY.</p> <p>SIGNATURE: _____</p> <p>POSITION: _____</p> <p>BUSINESS TELEPHONE: _____</p>

CATEGORY CODE
(SEE SECTION AT LEFT) _____

TOTAL EMPLOYEES / UNITS _____

BASE FEE _____

EMPLOYEE/UNIT FEE _____

PENALTY FEE _____

TOTAL FEE _____

FOLD HERE DO NOT TEAR

ADDITIONAL INFORMATION

REQUIRED BY STATE OF CALIFORNIA FRANCHISE TAX BOARD

PLEASE FILL IN ALL APPLICABLE INFORMATION, PLEASE CROSS OUT AND CORRECT ANY INCORRECT PREPRINTED INFORMATION. SOCIAL SECURITY NO. FOR SINGLE OWNER OR FEIN FOR CORPORATION / PARTNERSHIP. PLEASE CIRCLE ONE.

SOCIAL SECURITY / FEDERAL EMPLOYERS I.D. (FEIN) NO. _____ (9 DIGITS)

STATE EMPLOYERS I.D. (SEIN) NO. _____

BOARD OF EQUALIZATION SALES TAX ACCOUNT (BEAN) NO. _____

STATE CONTRACTORS LICENSE NO. _____

BUSINESS TYPE: SINGLE OWNER PARTNERSHIP CORPORATION TRUST

CORPORATIONS & PARTNERSHIPS - LIST ALL OFFICERS / PARTNERS / MEMBERS. ATTACH ADDITIONAL SHEET.				ADDITIONAL OWNER INFORMATION		
OWNER HOME ADDRESS IF DIFFERENT FROM MAILING ADDRESS						
NAME: LAST	FIRST	NAME: LAST	FIRST	TITLE		
ADDRESS		NAME: LAST	FIRST	TITLE		
CITY	STATE	ZIP	ZIP+4	NAME: LAST	FIRST	TITLE

INFORMATION FOR USE BY POLICE AND FIRE DEPARTMENTS.

IN CASE OF EMERGENCY PLEASE NOTIFY THE PERSON(S) LISTED BELOW:

(PLEASE PRINT)

1. _____
NAME

_____ TELEPHONE

2. _____
NAME

_____ TELEPHONE

3. _____
NAME

_____ TELEPHONE

IMPORTANT RETAIN GREEN COPY FOR YOUR RECORDS
 RETURN WHITE COPY WITH YOUR PAYMENT