



**BUSINESS LICENSE APPLICATION**  
**CITY OF CRESCENT CITY**  
 377 J STREET  
 CRESCENT CITY, CA 95531  
 707-464-7483

[www.crescentcity.org](http://www.crescentcity.org)

Incomplete applications will not be processed.

Application for:

<input type="checkbox"/>	New Business
<input type="checkbox"/>	Change of Ownership
<input type="checkbox"/>	Change of Address
<input type="checkbox"/>	Change of Business Name
<input type="checkbox"/>	Add/Change Business Description
<input type="checkbox"/>	No Longer in Business

**BUSINESS INFORMATION**

Business Name \_\_\_\_\_

Corporate Name \_\_\_\_\_  
*(If Applicable)*

Address/Location \_\_\_\_\_  
Business location address number be a physical location, not a Post Office Box

City, State, Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_  
If different from business location

City, State, Zip \_\_\_\_\_

email address \_\_\_\_\_ FAX: \_\_\_\_\_

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

Business Start Date \_\_\_\_\_ Business End Date (if applicable) \_\_\_\_\_

Business activity must be described in detail:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you answer "yes" to any of the following questions, additional information may be required:

- Will your business involve selling second hand property?
- Will your business involve the sale of firearms?
- Will your business involve the operation of a card room?
- Will your business be run out of your home?
- Does your business involve auctions?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If any of these conditions apply, please contact the Planning Department to determine what additional information and/or requirements may have to be provided and/or met.

**OWNERSHIP INFORMATION**

Business Ownership Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Other (Describe): _____	1st Owner Name _____
	2nd Owner Name _____
	Additional Owners _____
	_____
	_____

Number of Positions including Owner (use full-time equivalents) \_\_\_\_\_

If Non-Resident Business, number of days per year \_\_\_\_\_

Identification Numbers (at least one identification number must be provided):

Social Security Number (SSN) - if sole proprietorship without FEIN \_\_\_\_\_

Federal Employer (FEIN) \_\_\_\_\_

Board of Equalization - Sellers Permit (if applicable) \_\_\_\_\_

Contractor's License Number (if applicable) \_\_\_\_\_

Other License Number                      Type \_\_\_\_\_

License Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

**WORKERS' COMPENSATION DECLARATION**

Check applicable box and sign declaration:

I hereby affirm, under penalty of perjury, one of the following declarations:

I have and will maintain a certificate of consent to self-insure for workers' compensation as provided by Section 3700 of the Labor Code for the duration of any business activities conducted for which this license is issued.

I have and will maintain workers' compensation insurance as required by Section 3700 of the Labor Code.

Policy Number: \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_

I certify that in the performance of any business activities for which this license is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of the State of California. I agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with the provisions of Section 3700.

Name, Printed \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**SB1186**

On September 19, 2012 Governor Brown signed into law SB-1186 which adds a state fee of \$1 on any applicant for a local business license or similar instrument or permit, or renewal thereof. The purpose is to increase disability access and compliance with construction-related accessibility requirements and to develop educational resources for businesses in order to facilitate compliance with federal and state disability laws, as specified.

Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:

The Division of the State architect at [www.dgs.ca.gov/dsa/Home.aspx](http://www.dgs.ca.gov/dsa/Home.aspx)

The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov)

The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov)

**CERTIFICATION**

I, the undersigned, in applying for a business license from the City of Crescent City, Certify under penalty of perjury that the information included with this application is true and accurate. I also understand that issuance of a City business license does not authorize a person to conduct an unlawful business or to conduct a business that is not in compliance with all other rules, regulations and statutes of the State of Local governments.

Name, Printed \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**ZONING INFORMATION**

What zone is this business in? \_\_\_\_\_

Is this business allowed in this zone?    \_\_\_ NO            \_\_\_ YES, no permit required    \_\_\_ YES, with a permit

What is permit application status? \_\_\_\_\_

Is this business in the Coastal Zone?    \_\_\_ NO            \_\_\_ YES

If yes, what actions are required? \_\_\_\_\_

REQUIRED PARKING

City parking requirements are based on the gross floor size or lot area of your business. Check with the Planning Department to determine the number, size and type of spaces needed.

Floor area of your business: \_\_\_\_\_ square feet  
 Total number of off-street parking spaces provided exclusively for your business: \_\_\_\_\_  
 Condition -- Paved \_\_\_\_\_ Striped \_\_\_\_\_ Gravel \_\_\_\_\_ Other \_\_\_\_\_

SIGN PERMITS

Most new businesses will need new signs, and new signs require a sign permit. Check with the Planning Department for specific requirements and to obtain Sign Permits.

HAZARDOUS MATERIALS INFORMATION

If any of the following equipment or material is required for the proposed use, please indicate size, type and amount:

Acid	_____	Flammables	_____
Chemical solvents	_____	Parts washer	_____
Clarifier	_____	Spray booth or painting	_____
Explosives	_____	Equipment requiring	_____
Grease trap	_____	cooling water	_____

Comments or information: \_\_\_\_\_

GENERAL INFORMATION

Please indicate whether this is: change of use \_\_\_\_\_, newly constructed building \_\_\_\_\_, change of business occupant \_\_\_\_\_, additional occupant \_\_\_\_\_, or change of ownership \_\_\_\_\_. Former use, if known: \_\_\_\_\_.

Are any modifications to the building needed? Outside \_\_\_\_\_ Inside \_\_\_\_\_ Estimated cost \_\_\_\_\_

Comments, if any \_\_\_\_\_

Are entry and toilet facilities Handicapped Accessible? \_\_\_\_\_Yes \_\_\_\_\_No

Type of Sewer Account: Light Commercial \_\_\_\_\_, Heavy Commercial \_\_\_\_\_, Residential \_\_\_\_\_,

Pretreatment Program Required: \_\_\_\_\_Yes \_\_\_\_\_No

CITY USE ONLY

APN \_\_\_\_\_

Planning Department approved? \_\_\_\_\_ Yes \_\_\_\_\_ No BY: \_\_\_\_\_

Building Department approved? \_\_\_\_\_ Yes \_\_\_\_\_ No BY: \_\_\_\_\_

Fire Department approved? \_\_\_\_\_ Yes \_\_\_\_\_ No BY: \_\_\_\_\_

Comments: \_\_\_\_\_

FINANCE DEPARTMENT USE ONLY

BUSINESS LICENSE #	_____	CUSTOMER #	_____
Exempt	_____	Annual	_____
Class	_____	Pro-rated	_____
# of Employees	_____	Period, if pro-rated	_____
SB118	\$ 1.00	From	_____
Non-resident	\$ _____	To	_____
TOTAL	\$ _____		
Receipt No	_____		
Receipt Date	_____		

SB1186 is a \$1.00 annual fee not subject to pro-ration.