

CITY OF LAKEPORT

225 Park St – Lakeport, CA 95453 PHONE: (707) 263-5613 EXT 204 www.cityoflakeport.com

BUSINESS LICENSE FEE:	\$	10.00
STATE REVOLVING FUND FEE: \$		4.00
RECEIPT #		
APPLICATION DATE:		

ONE TIME BUSINESS LICENSE APPLICATION

BUSINESS INFORMATION:		
BUSINESS NAME:	OWNER NAME:	
MAILING ADDRESS:		
BUSINESS PHONE: ()	HOME PHONE NUMBER:()	
FAX: ()	CELL PHONE: ()	
E-MAIL ADDRESS:	WEBSITE:	
TYPE OF BUSINESS:	<u> </u>	
JOB / PROJECT ADDRESS:		
DATES WORK TO BE COMPLETED: FROM	THROUGH	
LEGAL STATUS: (CHECK ONE) SOLE PROPRIETORSHIP 🗆 PARTNERSI	HIP □ CORPORATION □	
STATE RESALE TAX NO.: STATI	E CONTRACTOR'S LICENSE NUMBER:	
FEDERAL EMPLOYER'S ID NO.: STATI	E EMPLOYER'S ID NO.:	
BEFORE THIS APPLICATION IS APPROVED, YOUR STATE CONSTRACTOR'S LICENSE STATUS WILL BE VERIFIED BY THE CITY.		
NOTE: A One-Time Business License is valid for one job/project and not lon may be issued per fiscal year (July 1 through June 30). An annual busin in a fiscal year.	ess license will be required after the issuance of two one-time licenses	
Businesses participating in Special Community Events (i.e., Dickens Fair, ca business licenses per fiscal year. If you are selling non-edible items – you of Equalization and must properly report all sales taxes generated in th	must have a Seller's Permit issued by the California State Board	
I UNDERSTAND THAT THIS IS ONLY AN APPLICATION FOR A B APPLICATION DOES NOT CONSTITUTE ISSUANCE OF A LICENS	,	
UNDER PENALTY OF PERJURY, I STATE THAT I HAVE READ TH AND CORRECT.	IE ABOVE AND CERTIFY THAT THE INFORMATION IS TRUE	
SIGNATURE:	DATE:	
DEPARTMENT USE ONLY:		
CONTRACTOR'S CURRENT LICENSE STATUS WITH STATE: ACT	IVE SUSPENDED REVOKED	
COMMUNITY DEVELOPMENT DEPARTMENT; APPROVED DAT	E: DENIED DATE:	
COMMENTS:		
BUILDING DEPARTMENT: APPROVED DATE:	DENIEDDATE:	
COMMENTS:		