



BUSINESS LICENSE APPLICATION

ADMINISTRATIVE SERVICES DEPARTMENT

Applications must be completed in entirety.

Please type or print legibly.

Asterisks [] indicate items to appear on license.*

\$51 application fee for first year of annual licensure;
includes \$1 CA ADA Fee (see reverse)

34272 Yucaipa Blvd.
Yucaipa, CA 92399
TEL 909/797-2489
FAX 909/790-9203

www.yucaipa.org

* **BUSINESS NAME:** _____ **BUSINESS PHONE:** _____

* **MAILING ADDRESS:**

_____ **Street Address** _____ **City** _____ **State** _____ **Zip Code**

* **BUSINESS LOCATION ADDRESS:** (PO Boxes / commercial mailboxes not valid)

_____ **Street Address** _____ **City** _____ **State** _____ **Zip Code**

DATE BUSINESS STARTED IN YUCAIPA: (or future start date if not yet established) _____

WEBSITE: _____ **EMAIL:** _____

TYPE OF BUSINESS: Full description (i.e., retail, wholesale, manufacturing, type of contractor, type of product, etc. **Please be specific.**)

* **OWNER/OFFICER NAME:** _____ **OWNER HOME PHONE:** _____

OWNER ADDRESS: (Residence of Owner of Sole Proprietorship or Headquarter location of Corporation)

_____ **Street Address** _____ **City** _____ **State** _____ **Zip Code**

OWNERSHIP TYPE: (Check One)

Sole Proprietorship Partnership (or LLP)

Trust Corporation (or LLC)

Use **Asterisks [*]** below to indicate other officers to appear.

List All Partners (attach list if necessary)

List All Officers and Titles (attach list if necessary)

SOCIAL SECURITY NO: _____ **FEDERAL ID NO (EIN):** _____

STATE EMPLOYER ID NO: _____ **CONTRACTOR'S LICENSE NO:** _____

DRIVER'S LICENSE NO: _____ **B.O.E. SELLER'S PERMIT NO:** _____

IS THIS BUSINESS OPERATED OUT OF YOUR HOME? YES NO

IF YES, WILL PEOPLE COME TO YOUR HOME FOR PRODUCT OR SERVICE? YES NO

HAVE YOU EVER APPLIED FOR A YUCAIPA CITY BUSINESS LICENSE? YES NO

IF YES, UNDER WHAT NAME? _____

I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct

_____ **Print Name** _____ **Signature of Owner or Designated Representative** _____ **Date**

Please Note: Some businesses may need more than a business license. All businesses must comply with all applicable City, County, State, and Federal laws and regulations. The business owner/operator is responsible for obtaining all necessary permits, licenses, or approvals.

DO NOT WRITE BELOW - FOR OFFICE USE ONLY

DEVELOPMENT SERVICES DEPT APPROVAL

NEW REINSTATE CHANGE * **BUSINESS LICENSE NUMBER:** _____

California ADA Compliance

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.

The Department of Rehabilitation at
www.rehab.cahwnet.gov.

The California Commission on Disability Access at
www.cdda.ca.gov.