



City of Citrus Heights

6237 Fountain Square Dr, Citrus Heights, CA 95621
Telephone (916)725-2448 Fax (916)725-5799

Business License Application

FOR OFFICE USE ONLY

[] Check# _____ [] Cash [] C/C
Amount \$ _____
Date _____
Receipt# _____
License# _____
[] New License [] Renewal

Name of Business/DBA _____

Type of Ownership

- Sole Proprietorship Partnership Corporation
 Change of Business Address Change of Ownership New License

Owner(s) Names _____

Business Site Address _____ City _____ State _____ Zip _____
(No P.O. Boxes)

Business Mailing Address _____ City _____ State _____ Zip _____

Business Phone _____ Alternate Phone _____ Email: _____

Number of employees reporting to business site _____ Resale Permit# _____

California State License # (Contractor, Cosmetologist, Realtor, etc.) _____ Expiration Date: _____

Describe in detail the activities of your business (include type of product, services, etc.) _____

Home Occupation: Will your home be used to conduct all or part of your business? Yes No
If yes, a Home Occupation Clearance form must be completed and attached to this application.

The following question is only for applicants applying for a Special Business License or Massage Permit:

Have you ever been convicted of any violation of the law? A conviction does not necessarily bar you from receiving a license; however, failure to list all convictions may result in a denial.

Yes No If Yes, state offense, date, location and disposition of the case below. Use additional paper if necessary.

IMPORTANT – PLEASE READ THE INFORMATION BELOW

Business Licenses are issued subject in part to the information provided by applicants. Any change in the information provided may invalidate the business license. The General Business License is not transferable to a new owner, new type of business, new type of business activity, or new location. It is the responsibility of all Business License Applicants to identify and obtain all special permits and approvals required by Federal, State, City, or County regulations. It is also the responsibility of the applicants to comply with all City Building and Zoning Regulations and Ordinances. Failure to do so may invalidate your right to do business in the City and, in addition, may subject you to penalties and legal sanctions.

↔ ↔ ↔ ↔ PLEASE COMPLETE AND SIGN THE REVERSE SIDE OF THIS FORM. ↔ ↔ ↔ ↔

PLANNING DEPARTMENT USE ONLY: Preliminary Review by: _____ Date: _____

Parcel Number: _____ Zoning Designation: _____ [] Approved By: _____

[] Denied By: _____ Reason for Denial: _____

Type of Business: _____

License Restrictions: _____

Will your business buy, sell or distribute, offer, or otherwise engage in:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Sales of Concealable firearms or gunpowder | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 2. Dance Facilities | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 3. Pool Halls | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 4. Card room or Bingo Hall | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 5. Adult oriented business | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 6. Mobile or itinerate food sales (e.g., ice cream truck) | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 7. Automobile dismantling/Wrecking yard | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 8. Used auto parts | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 9. Mobile auto repairs | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 10. Repossession or storage of automobiles | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 11. Motorcycle sales, including new and used parts | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 12. Storage of automobiles or anything of value not owned by your company (i.e., public storage).
If yes, please explain: _____ | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 13. Antique dealers in firearms, jewelry, art, furniture or other valuables | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 14. Buying or selling scrap metals | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 15. Pool Cleaners | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 16. Medical cannabis dispensaries | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 17. Janitorial, maid or carpet cleaning services | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 18. Circus, carnival or petting zoo | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 19. Private security company(unless licensed by the State of California) | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 20. Home repair/landscaping/house cleaning services | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 21. Massage | <input type="checkbox"/> yes | <input type="checkbox"/> no |

THIS APPLICATION IS PUBLIC RECORD

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I understand that I may not operate business until I receive my license(s).

Signature of Applicant

Date