



City of Susanville

66 North Lassen Street
Susanville, CA 96130-3904
(530) 252-5113

Effective Date: _____

License Fee: _____

Fire Inspection Required (\$82.00) Yes ___

Home Occ. Required (\$90.00) Yes ___

HUSA Yes ___ fee payable in 6 months

BUSINESS LICENSE APPLICATION

Type: Sole Proprietorship ___ Corporation ___ Partnership ___

Business Name: _____

Business Location: _____

STREET/P.O. BOX

_____ Phone: _____

CITY

STATE

ZIP

Business Description: _____

Billing Address: _____

CITY

STATE

ZIP

Owner/Corporation/Partnership Name: _____

Address: _____

CITY

STATE

ZIP

Phone No.: (____) _____ State ID No.: _____

Federal IS No.: _____ State License No.: _____

State BOE Tax or SS Number: _____

Name 1: _____ Title: _____

Please Print

Signature 1: _____ Date: _____

Partners (if applicable):

Name 2: _____ Title: _____

Please Print

Signature 2: _____ Date: _____

Name 3: _____ Title: _____

Please Print

Signature 3: _____ Date: _____

Affidavit of Person Applying for First License

Please give an estimate of the gross receipts for the period (quarterly) to be covered by this license. This request is made pursuant to section 5.05.100 of the Susanville Municipal Code.

Estimated gross Sales: \$ _____

I declare under penalty of perjury that to the best of my knowledge this estimate is true and correct.

Signature: _____ Date: _____