

CITY OF SUSANVILLE

66 North Lassen Street
Susanville, California 96130
Phone: (530) 252-5108 • Fax: (530) 257-4725

Effective Date: _____

License Fee(s): _____

Fire Inspection Required: Yes No
Home Occ. Required: Yes No
HUSA: Yes No

BUSINESS LICENSE APPLICATION Partnership

Date: _____

Business Name: _____

Business Location: _____
Street/P.O. Box

Type of Business: _____ Telephone Number: (____) _____
City State Zip Code

Billing Address: _____
Street/P.O. Box City State Zip Code

1ST Partner's Name: _____ Telephone Number: (____) _____
(Please Print)

1ST Partner's Address: _____
Street/P.O. Box City State Zip Code

Social Security Number _____ State License Number: _____

2ND Partner's Name: _____ Telephone Number: (____) _____
(Please Print)

2ND Partner's Address: _____
Street/P.O. Box City State Zip Code

Social Security Number _____ State License Number: _____

BEAN Number: _____
State Board of Equalization (State Sales Tax Number)

Date: _____ 1ST Partner's Signature: _____

Date: _____ 2ND Partner's Signature: _____

For City Use Only

Fire Inspection Application submitted with \$82.00 Fee: Yes No N/A

Home Occupation Use Permit submitted with \$90.00 Fee: Yes No N/A

AFFIDAVIT OF PERSON APPLYING FOR FIRST LICENSE

PLEASE GIVE AN ESTIMATE OF GROSS RECEIPTS FOR THE PERIOD (QUARTERLY) TO BE COVERED BY THE LICENSE TO BE ISSUED. THIS REQUEST IS MADE PURSUANT TO SECTION 5.04.100 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.

DATE: _____ SIGNATURE _____

TITLE: _____

COMMUNITY DEVELOPMENT DEPARTMENT VERIFICATION

ASSESSOR'S PARCEL NUMBER: _____ ZONE DISTRICT: _____

PLANNING DIVISION SIGNATURE: _____ DATE: _____

COMMENTS: _____

OCCUPANCY TYPE (PER BUILDING CODE) _____ (TO BE DETERMINED BY BUILDING OFFICIAL)

BUILDING OFFICIAL SIGNATURE: _____ DATE: _____

COMMENTS: CONTACT THE BUILDING DIVISION AT (530) 252-5117 FOR PERMIT REQUIREMENTS WHEN TENANT IMPROVEMENTS ARE BEING CONSIDERED.

FIRE DEPARTMENT VERIFICATION

FIRE DEPARTMENT SIGNATURE: _____ DATE: _____

COMMENTS: _____

POLICE DEPARTMENT VERIFICATION

POLICE DEPARTMENT SIGNATURE: _____ DATE: _____

COMMENTS: _____