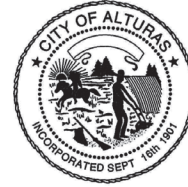


CITY OF ALTURAS
BUSINESS LICENSE APPLICATION
 200 W. North Street • Alturas, CA 96101 • (530) 233-2512



ACCOUNT # _____
 CLASS _____
 CAT. CODE _____
 BUS. GROUP _____

NOTE: Any change in ownership or address requires a new application.
 NEW CHANGE OF LOCATION CHANGE OF OWNER CHANGE OF NAME

ALL INFORMATION MUST BE PROVIDED WHERE APPLICABLE ON THIS APPLICATION.

Business Name _____

Location of Business _____ Type of Business _____

Mailing Address _____ City _____ State _____ Zip _____

Phone () _____ Emergency: _____ Number of Employees: Full _____ Part Time _____

Type of Organization Single Owner Partnership Corp. - Name of Corporation _____

Name(s), Address and Social Security # of Owner(s) (attach additional sheet if necessary) _____

State I.D. # _____ Fed. I.D. # _____ Board of Equalization Acct. # _____

State Licence # _____ Business Start Date or Date of Relocation _____

CAUTION!

Payment of Business Tax does not authorize payer to engage in a business or profession contrary to city ordinances (including zoning ordinances) or state and federal regulations.

Sales and Use Tax may apply to your business activities. You may seek written advice regarding the application of tax to your particular business by writing to the nearest State Board of Equalization Office.

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

 Authorized Signature Date

***** FOR CITY USE *****

		REMARKS		
INSPECTION DIV.	DATE			
FIRE	DATE		Fee Computation	
PLANNING	DATE		Regular	
POLICE DEPT.	DATE			
OTHER	DATE			
DATE MAILED _____			TOTAL AMOUNT DUE	
PLANNING DEPT.		FIRE DEPT.	POLICE DEPT.	

Zoning Classification _____ Fire Zone District _____
 APN _____ Area and Neighborhood _____
 Class of Bldg. _____