

CITY OF GRIDLEY
APPLICATION FOR BUSINESS LICENSE

685 KENTUCKY ST. GRIDLEY, CA 95948

PH: (530) 846-3631 FAX: (530) 846-3229

www.gridley.ca.us

Is this a permanent license? Yes No

Business Name: _____

Type of Business: _____

Business Address: _____

Mailing (if different) Address: _____

City: _____ State: _____ ZIP: _____

Phone number: _____

(emergency contact number, if different): _____

Ownership interest: Sole Proprietorship
 Partnership

Corporation
 Limited Liability Corp.

Social Security/Federal Tax ID Number of owner: _____

State ID Number: _____

Resale Number: _____

CHECK IF BUSINESS INCLUDES ANY OF THE FOLLOWING:

Adult Entertainment Gaming or Cardroom Massage
 Marijuana Alcohol Dancing

Principal owner, partner or operation manager: _____

Additional Owners, Partners, or Corporate Officers below:

Name: _____ Title: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Title: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Title: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Instructions For Business License Application

1. This completed application form **MUST** be filed with the City Clerk before a license may be issued. The delivery and mailing address for the completed application is:
 2. City of Gridley
Business License Application
685 Kentucky Street
Gridley, CA 95948
 3. Certain portions of the data provided on this application are considered confidential and will be handled accordingly.
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4. If you are not a merchant, briefly state the nature of your business:

5. Certain types of businesses are required to provide additional information to accurately process their application. Please provide the following information if applicable to your business:
 - a. Is your gross income less than \$5,000 per year? Y N
 - b. For rest/convalescent homes and hospitals: **# of beds:** _____
 - c. For apartment complexes, motels, hotels, bed and breakfasts and commercial investment property: **number of units:** _____
 - d. For trailer courts: **number of spaces:** _____
 - e. Is your business a Bank or Insurance Company Y N
 - f. Number of full time equivalent employees at this location: _____

If you have any questions regarding the completion of this application or the applicable fees, please call City Hall between the hours of 8 a.m. and 5 p.m. Monday through Friday at (530) 846-5695.

Have all applicable State and County License requirements been satisfied?

YES NO

State Board of Equalization Permit Number: _____

Other Agency Name (if licensed by another agency): _____

Other Agency License, Permit or Registry (if applicable): _____

Workers Compensation Insurance: YES NO

Carrier Information: _____ Policy Number: _____

Affidavit: *Applicant acknowledges the obligation to fully and accurately describe in detail the business activities for the business which is the subject of this application. Applicant further understands that any business license issued will not allow applicant to conduct business activities other than those described in this business application. Applicant acknowledges that planning clearance and business license approval is based on the description of the business provided above. If the business is different than what is stated above or activities change, planning clearance may be revoked or a use permit may be required. I understand this License may be revoked **IF ITS USE** is found to be in violation of the Municipal Code of the City of Gridley:*

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

Date: _____ Signature of Applicant: _____

() Owner () Partner () Agent

For City Clerk's (or designee) use only

License Number Issued: _____ Application received by: _____

Amount:
Date Paid:

Standard Industry Class (SIC) Code assigned: _____

Date application received: _____ Date license issued: _____

Please indicate the classification under which the business belongs:

5. _____	_____
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Required approvals (if applicable):

Finance Director: _____ Date: _____

Community Development Director: _____ Date: _____

Police Department: _____ Date: _____

