

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.
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

License Fee		
All business except those listed below.	\$55.00	Per Year
Plus (for each employee equivalent in excess of 2 full-time)	\$5.00	Per Year
Apartments 3-5 units	\$50.00	Per Year
6+ units	Plus \$5.00	Per Room
Bars or Restaurants serving alcohol	\$150.00	Per year
Bingo Games	\$50.00	Per Year
Boxing, Wrestling, and other similar exhibitions	\$90.00	Per Event
Carnivals, Circuses, etc.	\$175.00	Each Emp Per Year
Christmas Tree Vendor	\$50.00	Each Day
Motels, Hotels, Bed & Breakfasts, Air B&B's	See Apartments above	
Palmistry, Fortune-Teller, etc	\$150.00	Each Day
Pawnbrokers	\$200.00	Per Year
Peddlers (No Proration):		
Souvenirs	\$90.00	Per Year
Food by vehicle or wagon	\$60.00	Per Year
Food by hand or push cart	\$60.00	Per Year
Food by basket or tray	\$60.00	Per Year
Flowers	\$60.00	Per Year
Others unlisted	\$60.00	Per Year
Rest /Convalescent Homes / Hospitals	\$1.50	Each Day
Rooming, Boarding Houses	\$25.00	Each Bed Per Year
Solicitors - Plus \$500 bond	\$120.00	Per Year
Trailer Court	\$40.00	Per Space Per Year

For City Staff use only

License Number Issued: _____ Application received by: _____

Standard Industry Class (SIC) Code assigned: _____

Date application received: _____ Date license issued: _____

Amount:
Date Paid:

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:** _____