



# City of Escalon

## BUSINESS LICENSE APPLICATION

BL # \_\_\_\_\_

CATEGORY \_\_\_\_\_

RENEWAL

NEW BUSINESS

**FOR OFFICE USE ONLY**

**Instructions:**

1. All questions must be answered or designated not applicable N/A as appropriate.
2. Incomplete or unsigned forms and/or incorrect fee payments will be returned, and may result in a late penalty.
3. Make checks payable to the City of Escalon.

**PLEASE PRINT CLEARLY IN INK ON BOTH SIDES OF THIS FORM**

Business Name: \_\_\_\_\_ (30 Characters Max)

Business Address: \_\_\_\_\_  
(not a PO Box)      Number      Street      City      State      Zip

Mailing Address: \_\_\_\_\_  
Number      Street      City      State      Zip

Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

After-Hours Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please Note: The business information above will be public information, including but not limited to internet publication and public information requests.**

Check one:       Sole Proprietorship       Partnership       Ltd Liability Co       Corporation

FEIN: \_\_\_\_\_ (FEIN for Partnership or Corporation. Social Security Number is required for all others).

Please list information regarding the business owner(s) and all partners.

(First Name)	(Last Name)	(Title)	(Telephone Number)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Sellers Permit #: _____ (Sales Tax)	Contractor's License #: _____	Class: _____
	Other license #: _____	Agency: _____

**ANSWER THE FOLLOWING:**

- Yes No Are you renting Commercial Property to a business? \_\_\_\_\_
- Yes No Do you pay rent for office, work station, storage, etc space? \_\_\_\_\_
- Yes No Will business be conducted from your home? \_\_\_\_\_
- Yes No Do you have coin-operated machines on premises? If so, how many? \_\_\_\_\_
- Provide name and address of owners of coin-operated machines: \_\_\_\_\_
- \_\_\_\_\_

Full Description of Business: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REVERSE SIDE MUST BE COMPLETED AND SIGNED**

**FOR ACCOUNTING USE ONLY:**

Received by: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ BL Entered by: \_\_\_\_\_

Received Date: \_\_\_\_\_ Receipt #: \_\_\_\_\_ BL Entered date: \_\_\_\_\_

**CONTRACTORS:**

LIST ALL SUBCONTRACTORS (attach additional paper if more space is needed):

SUBCONTRACTOR NAME	MAILING ADDRESS, CITY, ZIP	PAYMENT AMOUNT (estimate if necessary)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

To calculate fees, use category(ies) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ on the fee sheet.  
**Please complete the following:**

PLEASE PROVIDE ANNUAL GROSS RECEIPTS OR AMOUNT OF JOB: \$ \_\_\_\_\_  
 (If first year of business, please estimate gross receipts)

**ALL FEES ARE NONTRANSFERABLE AND NONREFUNDABLE**

1. **APPLICATION FEE** (new license only): Rcvd by: \_\_\_\_\_ Date: \_\_\_\_\_ 1. \$ \_\_\_\_\_
  2. **LICENSE FEE** (refer to enclosed Fee Schedule): 2. \$ \_\_\_\_\_  
 # of vehicles: \_\_\_\_\_  
 # of machines: \_\_\_\_\_ (indicate how many per category on enclosed Fee Schedule)
  3. **ADD \$4 STATE SURCHARGE** (SB 1186): 3. \$ 4.00
- TOTAL AMOUNT DUE** (total of lines 1, 2 & 3): \$ \_\_\_\_\_

Your business license expires December 31<sup>st</sup>. Renewal license fee is delinquent on January 31<sup>st</sup>. Penalty is compounded monthly.

I declare under penalty of perjury that this application has been examined by me and the information provided herein are true and correct.  
 Full details regarding business licenses can be found in the Escalon Municipal Code which is available at [www.cityofescalon.org](http://www.cityofescalon.org)

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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APPROVALS:	DEPARTMENT	APPROVED	DENIED	DATE	COMMENTS
	PLANNING	_____	_____	_____	_____
	BUILDING	_____	_____	_____	_____
	FIRE	_____	_____	_____	_____
	WATER	_____	_____	_____	_____
	POLICE	_____	_____	_____	_____

Location Type:  Residential  Commercial

**Business Mailing Address:**

**City of Escalon Contact Information:**

**Business License Department**  
 2060 McHenry Avenue  
 Escalon, CA 95320  
 Ph: (209) 691-7422 Fax: (209) 691-7409  
[www.cityofescalon.org](http://www.cityofescalon.org)