CITY OF ARCATA

736 "F" Street • Arcata, CA 95521
(707) 822-5951

BUSINESS LICENSE TAX CERTIFICATE APPLICATION

• Please Check One •

- NEW APPLICATION ☐
- CHANGE OF OWNER ☐
- CHANGE OF ADDRESS ☐
- CHANGE OF BUS NAME ☐
- HOME OCCUPATION ☐
- OUTSIDE CITY ☐

• OFFICIAL USE ONLY •

BUSINESS LICENSE NO. _____
EXPIRATION DATE _____
SIC CODE _____
INPUT/MAILED _____
TOTAL PAID $ _____
CHECK # _____ CREDIT CARD ☐ CASH ☐

Business Name _____

Corporate Name (If Different) _____

Business Location (Not P. O. Box) _____

City _____ **State** _____ **Zip** _____

Bus. Phone ( ) _____ **Bus. Fax** ( ) _____

Mailing Address (If Different) _____

City _____ **State** _____ **Zip** _____ **Email Address** _____

Start Date	Description of Business

Ownership: ☐ Corporation ☐ Ltd Liability Corp ☐ Sole Proprietor ☐ Partnership ☐ Trust

State Lic. No. _____ **License Type** _____ **Expiration Date** _____

Resale No. _____ **Federal ID No.** _____ **State ID No.** _____

Enter below names of Owners, Partners, or Corporate Officers - *Use Additional Sheets as necessary*

Owner Name _____ **Title** _____ **Phone** ( ) _____
Home Address _____ **Drivers License No.** _____
City _____ **State** _____ **Zip** _____ **Social Security No.** _____

Owner Name _____ **Title** _____ **Phone** ( ) _____
Home Address _____ **Drivers License No.** _____
City _____ **State** _____ **Zip** _____ **Social Security No.** _____

In case of an emergency please contact:

Name _____ **Title** _____ **Phone** ( ) _____
Address _____ **Cell Phone** ( ) _____
City _____ **State** _____ **Zip** _____

Alarm System *(if applicable)* Burglary / Security Alarm: ☐ Yes ☐ No

Name _____ **Phone** ( ) _____
Address _____ **License No.** _____

PLEASE FILL IN THE APPROPRIATE BOXES BELOW AND SIGN

IMPORTANT NOTE: Issuance of a Business License Tax Certificate does not in any manner excuse compliance with any applicable state, county or municipal laws or regulations. **You are advised that the zoning laws, building codes, public health laws and other laws and regulations of the City, county, state or federal governments may affect your ability to conduct business at the address indicated. Contact the Community Development/Building Department at 822-5955 and the Environmental Services Department at 822-8184 for further information.** Violations of laws subject you to prosecution and possible penalties. The purpose of the business license tax is solely to raise money for municipal purposes and is not intended to be a license to do business.

CERTIFICATION: I certify under penalty and perjury that the above information is true and correct to the best of my knowledge.

Signature _____

Title _____ Date _____

No. of Employees/Owners:	Full-Time	Part-Time
No. of Units:		

Based on the fee schedule on the back of this form, please calculate the amount due.

Employees/Owners Fees	$
Unit Fees	$
Other Fees	$
TOTAL AMOUNT DUE	$

Thank you for doing business in the City of Arcata

RETURN APPLICATION TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO CITY OF ARCATA