



City of Vallejo

555 Santa Clara Street, Vallejo, CA 94590
Office #: (707) 648-4310 Fax #: (707) 649-5407
www.ci.vallejo.ca.us

BUSINESS LICENSES APPLICATION

Bus. Location: Commercial Home Out of Town

Ownership: Sole Proprietorship Corporation Ltd Liability Co

Ltd Partnership Partnership

BUS. LICENSE#: _____

1. Business Name _____ Phone _____

2. Business Location _____ Zip Code _____

3. Mailing Address _____ Zip Code _____

4. Type of Business _____

Number of Employees _____

E-mail Address _____

Facsimile _____

5. Check at least one of the following:

A new business in Vallejo started/to start on _____

A new contract in Vallejo started/to start on _____

An existing business moved from _____ on _____

An existing business purchased from _____ on _____

An existing business name changed from _____

6. Business Owner(s) Name: _____ Address: _____ Phone: _____

7. Primary Owner's Social Security Number _____

8. Please complete the information below that applies to your business:

Federal Employer ID No _____ State Employer ID No _____

Resale Permit No (BEAN) _____

9. The following is for statistical purposes only. This information is voluntary.

Minority owned business (51% or more) Women owned business (51% or more)

10. Emergency Contact(s):

Name: _____ Address: _____ Phone: _____

11. I declare under penalty of perjury that the foregoing is correct. This was executed on: _____ at _____, CA.

Signature _____

(FOR OFFICE USE ONLY)

REQUIRED SIGNATURES (CITY HALL/2ND FLOOR):

Building Division _____ Date _____ Fire inspection (707-648-4565) _____

Planning Division _____ Date _____ Police _____

_____ Health Dept. (707-784-6765) _____

Notes: _____

EXP DATE _____ **AMT DUE** _____ **DID** _____ **ZONE** _____ **CHANGE:** Loc__ Trade Name__ Owner__

HOME OCCUPATION ONLY:

I have received information about Ordinance No. 558 N.C. (2d) and hereby agree to comply with all regulations and provisions of the ordinance for home occupation permit. Failure to comply will result in revocation of license and possible legal action.

Signature _____ Date _____

WORKER'S COMPENSATION DECLARATION

I hereby affirm, under penalty of perjury, one of the following declarations:

- [] I have and will maintain a certificate of self-insurance for workers compensation, as provided by Section 3700, for the duration of any business activities conducted for which this license is issued.
- [] I have and will maintain workers compensation insurance, as required by Section 3700, for the duration of any business activities conducted for which this license is issued

My workers compensation insurance carrier and policy numbers are:

Carrier _____
 Policy Number _____

[] I certify that in performing any business activities for which this license is issued, I shall not employ any person in any manner so as to become subject to the workers compensation law as of California, and agree that if I should become subject to the workers compensation provision of Section 3700 of the Labor Code, I shall forthwith comply with the provisions of Section 3700.

 Signature Date

WARNING: FAILURE TO SECURE WORKERS COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO \$100,000. IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR INSECTION 3706 OF THE LABOR CODE INTEREST, AND ATTORNEY'S FEES.

I have received copies of Vallejo Sanitation and Flood Control District's Non-Domestic Sewer Use Ordinance 92-68, and Storm Discharge Ordinance 93-71, and intend to comply with all regulations within the ordinances.

 Signature Date