

# CITY OF OROVILLE

Discover Gold, Discover Gold

**Return To:**

City of Oroville  
 1735 Montgomery St.  
 Oroville, CA 95966  
 Telephone: (530) 538-2508

RENEWAL

## BUSINESS LICENSE APPLICATION

NEW BUSINESS

Please type or print.

Make changes in printed information where necessary

**Photo ID Required**

BUSINESS NAME			
BUSINESS LOCATION (COMPLETE ADDRESS, CITY, STATE, ZIP)			
BUSINESS TELEPHONE		OWNER'S HOME TELEPHONE	
*EMAIL ADDRESS			
BUSINESS OWNER			OWNER SOCIAL SECURITY NUMBER
HOME ADDRESS (COMPLETE ADDRESS, CITY, STATE, ZIP)			
IS APPLICATION FOR <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION LIST ALL PARTNERS AND/OR ALL OFFICERS & TITLES - ATTACH SEPARATE LIST IF NECESSARY			
NAME/TITLE	ADDRESS	(AREA CODE) PHONE	
NAME/TITLE	ADDRESS	(AREA CODE) PHONE	
NAME/TITLE	ADDRESS	(AREA CODE) PHONE	
NAME/TITLE	ADDRESS	(AREA CODE) PHONE	
RESALE NUMBER (BOARD OF EQUALIZATION)		STATE EMPLOYER I D #	FEDERAL EMPLOYERS ID NUMBER
<b>MAILING INFORMATION</b>			
NAME			
ADDRESS			
CITY	ZIP		
<b>PLEASE FILL IN APPROPRIATE SPACES:</b>			
	Number of Employee's including Owner		
	Number of Professionals,	Number of Assistants or Employees	
	Number of Units (Rms, Apts, Beds, Spaces, Lanes, Billboards, Vehicles, Tables, Chairs, Etc.)		
	Number of Rentals (Auto, Trailers, Planes etc.)		
	Other		
Type of Business (Give Full Description)			
<b>AVOID PENALTIES - FILE PROMPTLY    ALL BUSINESSES ARE SUBJECT TO AUDIT</b>			
<b>AFFIDAVIT:</b> I Hereby declare under penalty of perjury, that the reported information is true and correct to the best of my knowledge.			
SIGNATURE		PRINT	DATE

OFFICE USE ONLY				APPROVED	DENIED
RECEIVED BY	DATE	OCCUPANCY PERMIT			
AMOUNT	RECEIPT#	USE PERMIT			
CASH/CHECK	SIC CODE	POLICE CLEARANCE			

CITY OF OROVILLE  
EMERGENCY INFORMATION CONTACT SHEET

Should there be an emergency during non-operation hours of your business and a need to contact the Owner(s) and/or Manager(s), please complete the following Emergency information Sheet. **This information is private and confidential** and shall only be used in an emergency.

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

PHONE BUSINESS: \_\_\_\_\_ CELL: \_\_\_\_\_

**OWNER**

OWNER NAME: \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_

OWNER'S PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

**CO-OWNER (if applicable)**

CO-OWNER NAME: \_\_\_\_\_

CO-OWNER'S HOME ADDRESS: \_\_\_\_\_

CO-OWNER PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

**MANAGER (if applicable)**

MANAGER'S NAME: \_\_\_\_\_

MANAGER'S HOME ADDRESS: \_\_\_\_\_

MANAGER'S PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

**ASSISTANT MANAGER (if applicable)**

ASSISTANT MANAGER'S NAME: \_\_\_\_\_

ASSISTANT MANAGER'S HOME ADDRESS: \_\_\_\_\_

ASSISTANT MANAGER PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

Date Received	Date Recorded in Dispatch	Date Filed in EOC File

# WORKERS' COMPENSATION DECLARATION

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

I have and will maintain a certificate of consent to self-insure 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 the performance of 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 laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with the provisions of Section 3700.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

**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 IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.**

## Attachment (A)

### **Required Documents**

Corporate businesses must provide the following:

1. Articles of Incorporation – Secretary of State
2. List of Acting Officers
3. Certificate of Workers' Compensation (must be obtained from the insurance company with valid dates)
4. Seller's Permit (if applicable)

Exempt Businesses:

1. Letter of exempt status from the IRS
2. Articles of Incorporation
3. List of acting officers
4. Certificate if Workers' Compensation (if applicable)
5. Sellers' permit (if applicable)

Restaurants/Catering/Food handling:

1. Clearance from the Health Department
2. Seller's permit
3. Proof of Workers' Compensation (if applicable)
4. Proof of Fictitious Business name filing (optional)

All other:

1. Seller's permit (if applicable)
2. Proof of Workers' Compensation (if applicable)
3. Proof of Fictitious Business name filing (optional)

\*Please note that all **commercial businesses** situated within the city limits will be required to obtain Certificate of Occupancy. Please contact the Building Dept. at (530) 538-2425 if you have any questions.

\***Home based businesses** located in the city limits will be required to obtain a Home Occupancy permit. Please contact our Planning Dept. at (530) 538-2408 if you have any questions.