

PLEASE ALLOW 7-10 BUSINESS DAYS
FOR APPLICATION PROCESSING

City of Sanger
1700 7th Street
Sanger, CA 93657
(559) 876-6300 Ext. 1100

MANUFACTURING/WHOLESALE BUSINESS LICENSE APPLICATION

*Projected Opening Date: _____

*Business Name: _____ DBA: _____
If Doing Business under Different Name

*Phone: () _____ Fax: () _____ Cell: () _____ E-Mail: _____

*Business Location Address: _____
(Street Address, Including City & Zip Code) NO P.O. BOXES

*Business Mailing Address: _____

*Owner Name: _____ *Phone: _____

*Owner Personal Address: _____
(Street Address, Including City & Zip Code) NO P.O. BOXES

*Type of Ownership: Sole Proprietorship _____ Partnership _____ Corporation _____ LLC _____

PARTNER(S) OR CORPORATION OFFICERS (TWO REQUIRED)

Name: _____ Title: _____ Phone: () _____

Name: _____ Title: _____ Phone: () _____

*Description of Business: _____

**One of the following two numbers is REQUIRED: FEDERAL ID# _____ SOC. SEC# _____
Nine digit number Nine digit number

If you are selling goods or service subject to California State Tax provide your STATE SALES TAX# _____
4-5 alpha/eight numerical digits

*Accounting Records Based on: Calendar Year _____ Fiscal Year _____

Every license to whom a business license tax certificate has been issued to conduct business within the city by use of a vehicle shall affix to the rear bumper of each vehicle (including trailer) to be used with the city a pre-numbered decal sticker issued by the City for identifying such business.
(First decal issued at no charge, each additional decal \$3.00.) (Contractors, Gardeners, Deliveries, Mobile Carts, etc.)

License Plate Number: #1 _____ #2 _____ #3 _____ #4 _____ #5 _____

| | | |
|----------------------|-----------|--|
| Business License Tax | \$ 50.00 | _____ |
| SB 11-86 | \$ 1.00 | _____ |
| Decal Fee(s) | \$ | _____ |
| Administration Fee | \$ 108.00 | _____ |
| Total Fees | \$ | _____ CASH _____ CHECK# _____ CC _____ |

I hereby certify that all information supplied by me is correct. I understand that a business license does not entitle me to carry on any business unless I have complied with all applicable laws, including the ZONING ORDINANCE OF THE CITY OF SANGER

*Signature _____ Title _____ Date _____
In Reporting your sales to the Board of Equalization please use the City of Sanger Tax Code #10008.