PLEASE ALLOW 7-10 BUSINESS DAYS FOR APPLICATION PROCESSING

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

PROFESSIONAL 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	$ 37.50
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.