

PLEASE ALLOW 7-10 BUSINESS DAYS  
FOR APPLICATION PROCESSING

City of Sanger  
1700 7<sup>th</sup> 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	\$ 4.00	_____
Decal Fee(s)	\$	_____
Administration Fee	\$ 124.00	_____
<b>Total Fees</b>	\$	_____ 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.