

BUSINESS LICENSE APPLICATION



APPLY ONLINE AT: <https://roseville.hdlgov.com>

CIRCLE ONE: New Application Change Home Occupation

Business Name _____ Business Start Date _____

Corporate Name (if applicable) _____ Phone Number _____

Business Location _____ Email Address _____

Cannot be a P.O. Box per State of California Business & Professions Code-Section 17538.5)

Mailing Address _____ Seller's Permit No. _____

Business Description _____ State License Type _____ Expiration _____

Ownership (circle one): Corporation Corp-Ltd Liability Sole Proprietor Trust Non-Profit

Federal ID No. _____ State ID No. _____ State License No. _____

PERSONAL INFORMATION

1st Owner Name _____ Title _____

Home Address (cannot be P.O. Box) _____

SSN _____ Driver's License No. _____ Phone _____

2nd Owner Name _____ Title _____

Home Address (cannot be P.O. Box) _____

SSN _____ Driver's License No. _____ Phone _____

Have you filed a Fictitious Business Name (FBN) Statement? Yes No If yes, please attach copy of approved filed FBN

EMERGENCY NOTIFICATION - In case of emergency and I cannot be reached, please call:

Name _____ Title _____ Phone _____

Address _____

Please enter the number of employees, estimated annual gross receipts, and the number of rental units (for apartment rentals only) below:

No. of Residential Rental Units _____ No. of Owners/Employees _____ Est Current Year Annual Gross Receipts for Sales/Services \$ _____

RETURN APPLICATION BY MAIL TO: City of Roseville - Business Licenses: 8839 N. Cedar Ave #212 Fresno, CA 93720-1832
SCAN AND RETURN APPLICATION BY E-MAIL TO: Roseville@hdlgov.com
BUSINESS SUPPORT CENTER: 916-226-5207

NOTICE: Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx. The Department of Rehabilitation at www.rehab.cahwnet.gov. The California Commission on Disability Access at www.cdda.ca.gov.

CERTIFICATION AND ACKNOWLEDGEMENT: I declare under penalty of perjury that the statements made in this application are true. I further agree that business shall be conducted in accordance with the City of Roseville Municipal Code Chapter 6.04 Business Licenses. I understand that Sales or Use Tax may apply to my business activities. Upon issuance of a Business License, it shall be my responsibility to renew the license annually by January 31st.

SIGN HERE _____
Signature of owner or representative

TITLE _____ **DATE** _____

OFFICIAL USE ONLY

Business License Number: _____

Expiration Date: _____

NAIC Code: _____

License Fee: _____