



CITY OF PLYMOUTH Business License Application

NEW BUSINESS: _____ CHANGE OF ADDRESS: _____ CHANGE IN OWNERSHIP: _____

BUSINESS NAME: _____

BUSINESS OWNER: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

BUSINESS PHONE #: _____ BUSINESS EMAIL: _____

MAILING ADDRESS: _____

TYPE OF BUSINESS DESCRIBE BRIEFLY: _____

STATE OF CA LICENSE #: _____ TYPE: _____

AVERAGE NUMBER OF EMPLOYEES: _____ EMPLOYED OVER PAST YEAR: FULL-TIME: _____ PART-TIME: _____

CONFIDENTIAL:

BUSINESS OWNER/CEO: _____

SERVICE OF PROCESS ADDRESS: _____

PHONE #: _____

DRIVER'S LICENSE # OR OTHER ID: _____ STATE: _____ EXP. DATE: _____

FEDERAL I.D. # (FEIN) : _____ STATE OF CALIF. I.D. # (SEIN) : _____

CA SELLER'S PERMIT #: _____

CERTIFICATION

I, _____, DECLARE UNDER PENALTY OF PERJURY, THAT I AM THE
() OWNER, () PARTNER, () OFFICER OF CORPORATION, OF THE ABOVE FIRM, AND THAT THE ANSWERS HEREIN GIVEN ARE
TRUE AND CORRECT.

DATED: _____
(SIGNATURE) (TITLE)

NON-PROFIT OGRANIZATION: () YES () NO

WILL THE BUSINESS PROVIDE FOOD SERVICE OR BODY ART SERVICES? _____

FOR OFFICE USE ONLY

APPROVED: _____

DATE: _____

CHECK #: _____

EFFECTIVE DATE: _____

CITY FEE: _____

\$ 4 STATE MANDATED DISABILITY ACCESS & EDUCATION REVOLVING FUND SB-1186

STATE FEE: _____

COPY OF SELLER'S PERMIT: _____ COPY OF ENVIRONMENTAL HEALTH CERTIFICATE: _____

TOTAL: _____

9426 Main Street - P.O. Box 429 Plymouth, CA 95669
PHONE: (209)245-6941 FAX: (209)245-6953
E-MAIL ADDRESS: DKNIGHT@CITYOFPLYMOUTH.ORG