



# 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 ORGANIZATION: ( ) YES ( ) NO

WILL THE BUSINESS PROVIDE FOOD SERVICE OR BODY ART SERVICES? \_\_\_\_\_

FOR OFFICE USE ONLY

APPROVED: \_\_\_\_\_

RECEIPT

DATE: \_\_\_\_\_

CHECK #/CC REF #/CASH: \_\_\_\_\_

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: \_\_\_\_\_

DATE: \_\_\_\_\_

STAFF INITIALS: \_\_\_\_\_