



**CITY OF LIVINGSTON
BUSINESS LICENSE**

Finance Department
1416 C St., Livingston, CA 95334
Main: (209) 394-8041 Fax: (209) 394-4190
Email: businesslicense@livingstoncity.com

FINANCE USE ONLY

Customer No.: _____
License No.: _____
Business No.: _____
Home Op No.: _____
Amount Due: _____
Employee Initials: _____

BUSINESS INFORMATION

Business Name (include DBA, if applicable)		Start date in Livingston
Business Mailing Address (Street, City, State, Zip)	Business Phone No.	Business Email
Business Physical Address (NO P.O. Box per State of CA Business & Professions Code §17538.5)	After Hours Emergency No.	After Hours Contact Name
Corporate Name (if any)		Corp. Phone Number (if any)

STANDARD INDUSTRIAL CLASSIFICATION

SIC Codes: _____

BUSINESS ACTIVITY (Completely describe the activities of your business, including products and services.)

Business Zoned: Commercial Residential Industrial Other

Type of Ownership: Sole Proprietorship Partnership Corporation Limited Liability Company (LLC) Other _____

Type of Business : Office Retail Food Service Manufacturing Warehousing Construction Other

Describe Business:

Federal Employer ID No.	State Employer ID No.	Seller's Permit No.	State Contractor's License No. <i>(must present pocket card or copy)</i>	Workers Comp. Policy No.
			Exp. Date :	

OWNER INFORMATION

Owner 1 Name (First, Last)	Title	Owner 2 Name (First, Last)	Title
Mailing Address (if mailbox Cal. Bus Prof §17538.5 form required)		Mailing Address (if mailbox Cal. Bus Prof §17538.5 form required)	
Home Phone No.	Mobile No.	Home Phone No.	Mobile No.
Email		Email	
Driver's License, ID, Social Security, or ITIN No.	Date of Birth	Driver's License, ID, Social Security, or ITIN No.	Date of Birth

QUESTIONNAIRE (Questions listed below must be answered.)

1. What was the previous use/occupancy of the building? _____	4. Does business involve sale of alcoholic beverage? Yes No
2. Any interior alterations to Commercial/Industrial equipment? Yes No	5. Does business involve sale of firearms, including gunpowder? Yes No
3. Any structural alterations to the building? Yes No	6. Does business involve sale of second-hand property? Yes No
	7. Does business involve coin-operated machines of any type? Yes No
	8. Where will the commercial vehicles be parked or stored? If the business has no commercial vehicles write N/A. _____

NOTICE: LMC section 3-1-5: Provides that a business license shall authorize the party obtaining the same to transact the business described in such license in a particular locality in the city; provided, that the party complies with all other provisions of this code and other ordinances and regulations of the city.

A business license is NON-TRANSFERABLE to a new owner, new type of business activity, or location. A business license must be renewed annually, whether or not a renewal notice is received.

By signing below, I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct. I acknowledge it is my responsibility to obtain all special permits or approvals prior to occupying a space, building, or property. I understand that once this application is submitted, the application fee and the State mandated fee are non-refundable, and that certain information provided is public record.

SIGNATURE: _____ **DATE:** _____