



CITY OF MARYSVILLE  
BUSINESS LICENSE APPLICATION  
526 C STREET, P.O. BOX 150  
MARYSVILLE, CA 95901  
(530) 749-3903

BUSINESS NAME \_\_\_\_\_  
BUSINESS LOCATION \_\_\_\_\_  
(NOT P.O. BOX) \_\_\_\_\_  
City State Zip

MAILING ADDRESS \_\_\_\_\_  
City State Zip

Start Date \_\_\_\_\_ Bus. Phone \_\_\_\_\_ Bus. Fax \_\_\_\_\_

CHECK IF BUSINESS INCLUDES ANY OF THE FOLLOWING:

- Adult Entertainment     Gaming or Cardroom     Massage  
 Marijuana     Alcohol     Dancing

PLEASE PROVIDE A DETAILED DESCRIPTION OF YOUR BUSINESS:  
(Use additional pages if necessary)

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Applicant acknowledges the obligation to fully and accurately describe **in detail** the business activities for the business which is the subject of this application. Applicant further understands that any business license issued will not allow applicant to conduct business activities other than those described in this business application. Applicant acknowledges that planning clearance and business license approval is based on the description of the business provided above. If the business is different than what is stated above or activities change, planning clearance may be revoked or a use permit may be required.

**I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**Ownership Type**  Corp.  Sole Proprietor  Limited Liability Corp.  Partnership

**State Contractors License** \_\_\_\_\_ **Type** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

**Resale Number** \_\_\_\_\_

**Federal ID Number** \_\_\_\_\_

**State ID Number** \_\_\_\_\_

Enter names of Owners, Partners, or Corporate Officers below-Attach additional sheet(s) if needed

Owner Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Owner Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Owner Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Owner Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**THIS APPLICATION MAY BE REVIEWED BY THE FOLLOWING DEPARTMENTS:**

SIGNATURE

DATE

CITY PLANNING DEPARTMENT \_\_\_\_\_

CITY BUILDING DEPARTMENT \_\_\_\_\_

CITY POLICE DEPARTMENT \_\_\_\_\_

CITY FIRE DEPARTMENT \_\_\_\_\_

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**WORKERS' COMPENSATION DECLARATION**

I HEREBY AFFIRM, UNDER PENALTY OF PERJURY, ONE OF THE FOLLOWING DECLARATIONS:

I have and will maintain workers' compensation insurance, as required by Section 3700, for the duration of any business activities conducted for which this license is issued.

My workers' compensation insurance carrier and policy number are:

Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

I certify that in the performance of any business activities for which this license is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with the provisions of Section 3700.

I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided by Section 3700, for duration of any business activities conducted for which this license is issued.

Signature: \_\_\_\_\_

Title \_\_\_\_\_

Date: \_\_\_\_\_

**FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL.**

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Date Paid \_\_\_\_\_  
Amount \_\_\_\_\_

**BUSINESS LICENSE AFFIDAVIT- CONTRACTORS**

Please mark one of the following classifications and indicate your license classification code(s):

\* Please add \$1.00 to the total due: SB1186 fee to State - Mandatory

<input type="checkbox"/> Contractor (\$200 Annual) or (\$60 Quarter) Please Indicate Quarter	
<input type="checkbox"/> July 1 to September 30	<input type="checkbox"/> January 1 to March 31
<input type="checkbox"/> October 1 to December 31	<input type="checkbox"/> April 1 to June 30

<input type="checkbox"/> Subcontractor (\$100 Annual) or (\$30 Quarter) Please Indicate Quarter	
<input type="checkbox"/> July 1 to September 30	<input type="checkbox"/> January 1 to March 31
<input type="checkbox"/> October 1 to December 31	<input type="checkbox"/> April 1 to June 30

LICENSE CLASSIFICATION CODE(S): \_\_\_\_\_

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**DO YOU WISH TO BE BILLED FOR THE NEXT QUARTER?**

- YES
- NO

**I CERTIFY UNDER PENALTY OF PERJURY, THAT THE ABOVE INFORMATION PROVIDED BY THE UNDERSIGNED IS TRUE AND CORRECT**

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_