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)

_____
_____
_____
_____
_____
_____
_____
_____
_____

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- FLAT RATE

Please indicate the classification under which you belong and circle the amount you are remitting:

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

	Per Day	No of Days	Total
□ Carnivals, Circuses, and Sideshows (Additional permits may required)	$100	_____	$_____
□ Farmers' Markets, Swap Meets, Artist Craft Fairs, Special Events, Exhibitions, and Performances (Additional permits may be required)	$5	_____	$_____

	Per Quarter	Per Year
□ Services, Non-Resident	$30	$100
□ Peddlers, Solicitors, and Canvassers (Additional permits required)	$30	$100
□ Transportation of Merchandise Non-Resident	$30	$100

PLEASE INDICATE QUARTER:

□ July 1 to September 30

□ October 1 to December 31

□ January 1 to March 31

□ April 1 to June 30

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:_____