CITY OF MARYSVILLE
526 C STREET
P.O. BOX 150
MARYSVILLE, CA 95901

(530) 749-3903 Phone **(530) 749-3992 Fax**

NEW BUSINESS CHECKLIST

STREET ADDRESS _____

FICTITIOUS BUSINESS _____ _____
Yes No

HEALTH PERMIT _____ _____
Yes No

BID (Business Improvement District) _____ _____
Yes No

ZONE_____**USE PERMIT)** _____ _____
Yes No

INSTRUCTIONS FOR COMPLETING YOUR BUSINESS LICENSE APPLICATION- PLEASE READ CAREFULLY:
Our goal is to issue your business license as quickly as possible. In order to do so, we ask that you be specific and provide complete information on each line. If the information requested is not applicable, write N/A. The financial information provided will be held in strict confidence. This information will be used only for official business.

BUSINESS INFORMATION:
Business Name: Enter the name of your business
Business Location: Enter the business address; do not use P.O. Box
Mailing Address: Enter the business mailing address, if different from business location
Business Phone & Fax: Enter the business phone & fax numbers
Start Date: Enter date the business first opened
Description of Business: Provide a detailed description of business activities and products
Ownership: Check the appropriate box
State Contractors License: Enter your assigned State Contractor's License Number, if you have one
Type: Enter the license classification (such as B, C10, D12, etc.)
Expiration Date: Enter the date State license expires
Resale Number: Enter State Board of Equalization Account Number that was assigned to your business for reporting sales tax information (Required for Retail Businesses)
Federal Employer ID Number: Enter Federal Employer ID number, if you have one
State Employer ID Number: Enter State Employer ID number, if you have one

OWNER/OFFICER INFORMATION:
Owner/Officer Information: If business is a Sole Proprietor, enter name: LAST, FIRST, M.I.
If business is a Corporation or Partnership, enter name as recorded with the Secretary of State or IRS
Home Address/Phone: Enter home address and home phone number

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BUSINESS LICENSE APPLICATION
526 C STREET, P.O. BOX 150
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(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 – FIRST YEAR - RESIDENTIAL

BUSINESS NAME_____

Your Business License Tax for operating a business inside the City of Marysville is computed on the basis of your annual gross receipts. Please complete this affidavit and return it, along with your remittance and the enclosed fully completed Application as well as the Workers Compensation Declaration, to City of Marysville. Remember that for each business which fails to comply with this request, the Marysville Municipal Code directs the Collector to determine the amount of license tax due from whatever information the Collector is able to obtain.

Estimated gross receipts from all sources for your first fiscal year	1. $_____
Rate from chart below	2. $_____
Multiple Line 1 by Line 2	3. $_____
Enter the greater of Line 3 or $30	4. $_____
Enter the lesser of Line 4 or $1000. This is your Business License Tax	5. $_____
SB1186 fee to State – Mandatory	6. $_____1.00_____
Total Remittance – Add lines 4 or 5 and 6	7. $_____

IF GROSS RECEIPTS FROM LINE 1 ARE:

At Least	But Less than	Enter this Rate on Line 2 above
0	50,000	0.0010
50,001	100,000	0.0009
100,001	200,000	0.0008
200,001	300,000	0.0007
300,001	400,000	0.0006
400,001	600,000	0.0005
600,001	1,000,000	0.0004
1,000,001		0.0003

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

_____ _____ _____
Signature Title Date