



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- CONTRACTORS

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

<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): _____

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: _____