



**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)

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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.**

CITY OF MARYSVILLE  
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Date Paid \_\_\_\_\_  
 Amount \_\_\_\_\_

**BUSINESS LICENSE AFFIDAVIT – FIRST YEAR**

**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. \$ \_\_\_\_\_  
 Add annual Fire Inspection 6. \$ 50.00  
 Total Remittance – Add lines 5 and 6 7. \$ \_\_\_\_\_

IF GROSS RECEIPTS FROM LINE 1 ARE:

<u>At Least</u>	<u>But Less than</u>	<u>Enter this Rate on Line 2 above</u>
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 \_\_\_\_\_