



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

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
- 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 Business)
- 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



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 _____

Email _____

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

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

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
 526 C STREET, P.O. BOX 150
 MARYSVILLE, CA 95901
 (530) 749-3903

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 the 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. \$ _____
- Multiply 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. \$ 4.00 _____
- Total Remittance – Add lines 4 or 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