

CITY OF SOLEDAD, CALIFORNIA
P.O. BOX 156, SOLEDAD, CA 93960
APPLICATION FOR CITY BUSINESS LICENSE

This License Required Pursuant to Section 7, Ordinance No. 303

FEE MUST ACCOMPANY APPLICATION				
To Be Issued to:		Trade Name		
Location Address	City	State	Zip	Business Phone:
Mailing Address	City	State	Zip	Home Phone:
Driver's License		Sales Tax No.		
Kind of Business, Give Details		No. Of Employees	Please check (x) <input type="checkbox"/> MANUFACTURING <input type="checkbox"/> LICENSE NO. <input type="checkbox"/> RETAIL <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> WHOLESALE <input type="checkbox"/> SUB-CONTRACTOR <input type="checkbox"/> SERVICE <input type="checkbox"/> OTHER (SPECIFY) Other _____	
Please Indicate Ownership Status <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION				
List of Partners or Corporate Officers	Title	Residence Address		Residence Phone
This Business Formerly Operated by		Whose Address is:		
Did You Take Over: <input type="checkbox"/> ENTIRE BUSINESS <input type="checkbox"/> PORTION THEREOF _____ % YOU OWN				Business License No.
Have You Ever Had a Soledad Business License? <input type="checkbox"/> YES <input type="checkbox"/> NO		Company Name		Business License No.
Do you have a Branch Office Outside of City? <input type="checkbox"/> YES <input type="checkbox"/> NO		If Yes, Give Address		
Name and Address of Parent Company		Address		Zip
Gross Receipts for the Previous Year Did not Exceed the Amount of \$ _____				
If New Business, Anticipated Gross Receipts for this Year Expected to Be \$ _____				
IF APPLICABLE				
Vending Machines (Includes Cigarette, PinBall, Candy, Etc.)	Number of Rental Units, Rooms, or Apartments, if Any	Number of Trailer Spaces Available?		Other, Specify (Card Tables, Etc.)

Penalties will be added for Failure to pay license tax when due (Code Section 5.04.180, 5.04.190)

For Office Use Only	TRADE NAME _____
LICENSE NO. _____	SIGNED BY _____
FEE _____	OFFICE /TITLE _____
DATE ISSUED _____	AMT. ENCLOSED \$ _____
DATE EXPIRES _____	SECTION # _____

