

Note: Any change in ownership or address requires a new application.

City of Lindsay Business License Application



FOR CITY USE ONLY
 Acct. # _____
 Class _____
 Cat. Code _____
 Bus. Group _____

New **Location Change**
Owner Change **Name Change**

Business Name _____ Location of Business _____

Type of Business _____ Email _____

Mailing Address _____ City _____ State _____ ZIP _____

Email _____ Phone: () _____ Est. Monthly Gross Receipts _____

Type: Single Owner Partnership Corporation Name of Corporation (if applicable): _____

Owner Name _____

Owner Address _____ City _____ State _____ ZIP _____

State ID# _____ Fed. ID# (if applicable) _____ Board of Equalization # _____

State License# _____ Business Start Date or Date of Relocation _____

CAUTION!

Payment of Business Tax does not authorize payer to engage in a business or profession contrary to city ordinances (including zoning ordinances) or state and federal regulations		Sales and Use Tax may apply to your business activities. You may seek written advice regarding the application of tax to your particular business by writing to the nearest State Board of Equalization Office
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I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Authorized Signature _____ Date _____

* Separate Sign Permit required for new sign or change of sign
 ** Lot frontage maintenance is the responsibility of the business at this address.

FOR CITY USE

APPROVAL DATES	REMARKS	INSPECTION FEE	FEES	
Planning		Building \$	Regular	\$
Building		Fire \$	Application	\$
Fire		Total Insp Fee \$	CASP	\$
Other		PAID DATE:	TOTAL AMOUNT DUE	\$
		RECEIPT #:		
APPROVAL SIGNATURES				
PLANNING DEPT.	BUILDING DEPT.	FIRE DEPT.	OTHER	

Zoning Classification _____
 APN _____
 Class of Building _____

Fire Zone District _____
 Areas and Neighborhood _____
 Occupancy Capacity _____

Business License Questionnaire

Fully describe/explain the nature of the business below in the space provided and then answer each question listed below

Yes No

1. Will the building be used for education, instruction, daycare, worship, or dining? If yes, how many square feet will you be using? _____ What is the maximum number of people anticipated at any given time?
2. Will the business operation include selling or serving alcoholic beverages? If yes, what type of ABC license? _____ What is the size in square feet of the seating area? _____
3. Is this a home business? If Yes, you must apply for a Home Occupation Business License in addition to this application.
4. Will the business operation include the sales or serving of tobacco products? If yes, what is the tobacco resale number? _____ What type of tobacco products will be sold? _____
5. Will the business operation include any work, use, or storage conducted outside of a wholly enclosed building? If yes, explain _____
6. Will the business operation include the preparation of food or beverages? If food is prepared, must include organic recycling in refuse collection if the business generates 4 cubic yards/per week or more of solid waste
7. Will the business change the occupancy?
8. Will the business operation include discharging any waste, waste water, or rinse water to the ground, street, or storm drain?
9. Will the business operation include washing of any equipment or vehicles?
10. Will the business operation include the repair or maintenance of motor vehicles?
11. Will the business operation include motor vehicle fuel dispensing including gasoline, diesel, compressed natural gas, liquefied natural gas, liquefied petroleum gas (propane), or hydrogen gas?
12. Will the business operation include any use, processing, handling, storage, or discharge of chemicals, including hazardous chemicals and solvents?
13. Will the business generate any hazardous waste or e-waste at this site?
14. Will the business operation include sanding, cutting, or shaping of wood, metal, plastic, or other products producing combustible dust or fibers?
15. Will the business install, modify, rehabilitate a sign? If yes, apply for sign permit and may require a building permit
16. Will the business operation include manufacturing? If yes, specify _____
17. BUILDING OWNER/PROPERTY MANAGEMENT COMPANY INFORMATION
Select one: Building Owner Property Management Company

Name _____

Address _____ City and Zip _____

Telephone contact _____

Approval of the Business License Application does not alleviate the business owner from obtaining the required building permits for previously unpermitted construction or any proposed improvements.