



CITY OF LATHROP
BUSINESS LICENSE TAX APPLICATION

Finance Department

390 Towne Centre Drive, Lathrop, CA 95330

Main: (209) 941-7320 Fax: (209) 941-7339 Email: billing@ci.lathrop.ca.us

Application Fee \$25

ZONING VERIFICATION

Initial: _____

FINANCE USE ONLY

BL #: _____

Application Date: _____

BUSINESS INFORMATION

Business Name (include DBA, if applicable)		Business Start Date in Lathrop
Business Mailing Address	Business Phone No.	Business Fax No.
Business Physical Address (NO P.O. Box per State of CA Business & Professions Code §17538.5)	After Hours Emergency No.	Business Square Footage
Corporate Name (if any)		Corporate Phone No. (if any)

BUSINESS ACTIVITY (Completely describe the activities of your business, including products and services.)

Business Zoned: <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (Home Occupation Permit No.) _____	Primary SIC Code: _____	No. of Employees: F/T: _____ P/T: _____	Annual Gross Receipts: \$ _____
Type of Ownership: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Other _____			
Type of Business : <input type="checkbox"/> Office <input type="checkbox"/> Retail <input type="checkbox"/> Food Service <input type="checkbox"/> Manufacturing <input type="checkbox"/> Warehousing <input type="checkbox"/> Construction <input type="checkbox"/> Other _____			

Federal Employer ID No.	State Employer ID No.	Seller's Permit No.	WDID Permit No.	State Contractor's License No. (must present pocket card or copy)	#Commercial Vehicles
				Exp. Date: _____	

OWNER INFORMATION

Owner 1 Name (First, Last)		Title		Owner 2 / Contact Name (First, Last)		Title	
Home Address (NO P.O. Box)				Home Address (NO P.O. Box)			
Mailing Address				Mailing Address			
Home Phone No.		Mobile No.		Home Phone No.		Mobile No.	
Email		Driver's License No.		Email		Driver's License No.	
Date of Birth		Social Security No.		Date of Birth		Social Security No.	

QUESTIONNAIRE (Questions listed below must be answered.)

Building Department 1. Any structural alterations to the building? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Any interior alterations to Commercial/Industrial equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. What was the previous use/occupancy of the building? _____	Lathrop Police Department 4. Does business involve sale of firearms, including gunpowder? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. Does business involve sale of second-hand property? <input type="checkbox"/> Yes <input type="checkbox"/> No 6. Does business involve coin-operated machines of any type? <input type="checkbox"/> Yes <input type="checkbox"/> No 7. Where will the commercial vehicles be parked or stored? If the business has no commercial vehicles write N/A. _____
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NOTICE: All businesses conducting business in the City of Lathrop ("City") are required to obtain a City business license, even temporary businesses. Business licenses issued by the City shall be issued for revenue purposes only. This business license does not grant authorization to occupy any space, building, premises or property that requires modifications, additional approvals, or permits. It is the responsibility of the business license applicant to identify and obtain all special permits and approvals required by federal, state, county, or local regulations. This includes, complying with all building and zoning regulations and ordinances. Failure to do so may invalidate your right to do business in the City, and in addition, may subject you to penalties and legal sanctions. A business license is NON-TRANSFERABLE to a new owner, new type of business activity, or location. A business license must be renewed annually, whether or not a renewal notice is received.

By signing below, I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct. I acknowledge it is my responsibility to obtain all special permits or approvals prior to occupying a space, building, or property. I understand that once this application is submitted, the application fee and the State mandated fee are non-refundable, and that the information provided is public record.

SIGNATURE: _____ **DATE:** _____