

APPLICATION FOR CITY OF COLFAX BUSINESS LICENSE

CITY OF COLFAX
P.O. BOX 702, COLFAX, CA 95713
Telephone (530) 346-2313 • Fax (530) 346-6214



FEE _____ LICENSE NO. _____ SIC or BCC _____
RENEWAL DATE _____ EXPIRATION DATE _____

OFFICE USE ONLY
Ck. No. _____
Amt. _____
Penalty _____
Date _____

PLEASE DO NOT WRITE ABOVE THIS LINE

In pursuance to Ordinance No, 188, the undersigned hereby applies to the City Council of the City of Colfax, for a license to transact the following business, in the City of Colfax, to-wit:

DATE: _____ FIRST DAY OF BUSINESS _____

NEW LICENSE _____ RENEWAL _____ CHANGE OF OWNER _____ CHANGE OF ADDRESS _____

OWNER(S)(Last, First, MI) OR CORPORATION _____

OWNER(S) OR CORPORATION MAILING ADDRESS _____

NAME OF BUSINESS (D.B.A.) _____

BUSINESS MAILING ADDRESS _____

BUSINESS SITE ADDRESS _____

BUSINESS PHONE _____ EMERGENCY PHONE _____
(Must be different # than Business Phone)

OWNER(S) SOCIAL SECURITY NUMBER(S) _____

FEDERAL EMPLOYEE I.D. # (FEIN)(if applicable) _____

STATE EMPLOYEE I.D. # (SEIN)(if applicable) _____

STATE BOARD OF EQUALIZATION RESALE PERMIT # _____

STATE CONTRACTOR'S LICENSE # _____

TYPE OF OWNERSHIP (Please circle one): (S)Sole Proprietorship; (P)Partnership; (C)Corporation; (T) Trust

NUMBER OF EMPLOYEES _____

BUSINESS IN HOME: YES _____ NO _____

TYPE OF BUSINESS YOU INTEND TO OPERATE _____

Describe the activities of your business (include type of product, services, etc.) _____

PLEASE COMPLETE REVERSE SIDE