



City of Orange Cove

Incorporated January 20, 1948

633 Sixth Street

Orange Cove, California 93646

559-626-4488

APPLICATION FOR BUSINESS LICENSE

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Date of Application _____ Initial Application

_____ Renewal

Previous Fee Paid \$ _____

'State and Local Law Requires the Following Information for Renewal'

Name of Business: _____

Business Address: _____ Phone: _____

Mailing Address of Business: _____

Owners Name: _____

Owners Address: _____

Federal Employer I.D. Number if Business is a Partnership or Corporation: _____

Or Social Security Number for all others: _____

State Employer I.D. Number may be used if Federal I.D. number is not known: _____

Business Description: _____

Standard Industrial Classification: _____

Ownership Type: Sole Proprietorship Corporation Partnership

Date Business Commenced: _____

Sales Tax Number: _____

State Contractors Number: _____

Vehicle License Numbers: _____

Gross Receipt Amount: _____

Note: If Business Is Non-Profit, Please Provide Certification

The information given on this application is true and correct to the best of my knowledge and belief, and I understand that the intentional misstatement of the facts on this application, for the purpose of affecction the issuance of the permit affecction the assessment of the proper fee, may result in the revocation of this license. I further understand that the information given on this application will be dept confidential for the exclusive use of the City of Orange Cove and the California State Board of Equalization.

Signature of Applicant

Date

FOR OFFICE USE ONLY

Approved

Disapproved

City Administrator

RoHo