



City of Orange Cove

Incorporated January 20, 1948

633 Sixth Street

Orange Cove, California 93646

559-626-4488

PLEASE FOLLOW THESE INSTRUCTIONS:

1. Please print except where signature is required.
2. Do not use a pencil. Black or Blue pen is acceptable.
3. Please fill in all blanks.
4. If a section does NOT apply, please write in N/A for not applicable.
5. Please provide copies of all documents requested (see documentation required list below)
6. Important: If your business is located inside the city limits of Orange Cove, please contact our Building Department before submitting your application for any Zoning and building permit questions (559) 626-4488 Ext #211

This application is NOT for contractors.

Contractors: Please use application as indicated on the city's website for contractors only.



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APPLICATION FOR BUSINESS LICENSE

Business Name: _____

Business Address: _____ City, State, Zip: _____

Mailing Address: _____ City, State, Zip: _____
(cannot be a resident address w/o a Home Occupational Permit)

Contact Person: _____

Business Phone: _____ Other Phone: _____

Business Type & Description: _____

Owner's Name: _____ Owners Address: _____

Owner's Social Security Number or Federal ID number (FEIN): _____ (Provide Copy)

Resale Permit #: _____ Verified (Provide Copy)

Ownership Type: (Check one) Sole Ownership Partnership Corporation

Please check-off the correct answer to the following questions for businesses located **within** City Limits:

1. Has work on the building been started or completed for the business? YES No
2. Will changes be made to the building such as the moving of walls or the construction of new walls? Yes No
3. Will the building be remodeled with new lighting, electric outlets or plumbing? YES NO
4. Will a new sign be installed? YES NO
5. What kind of business occupied this location before?: _____

I certify the above information to be true and correct to the best of my knowledge. I understand that it is my responsibility to be in compliance with the requirements of governmental agencies affecting operation of this business. I understand that the Building Department must be contacted prior to beginning of any work. I understand that the intentional misstatement of the facts on this application, for the purpose of affection the issuance of the permit, may result in the revocation of this license. I further understand that the information given on this application will be confidential for the exclusive use of the City of Orange Cove and the California State Board of Equalization.

Signature: _____ Date: _____
(legal signature by business owner)

CITY USE ONLY:

Business License #: _____ Category: _____ Application Fee Paid: _____
Receipt#: _____ (attach copy of) Will need to bill: YES OR NO Date License Mailed: _____
Application taken by: _____ Date: _____
Approved by: _____ Date: _____



BUSINESS LICENSE DOCUMENTATION CHECKLIST

PLEASE ATTACH **COPIES** OF ITEMS BELOW WITH YOUR APPLICATION:

SOLE OWNERSHIP

1. Copy of California Driver's License
2. Copy of Social Security Card or Federal Employer's Identification Number (FEIN)
3. Verification of a resale permit (copy). Address on resale permit must match location of business.
4. If the business has kitchen facility, it must be inspected by health department and permitted.
Copy of health department permit.

PARTNERSHIP

1. Copies of California Driver's License on all partners
2. Copies of Social Security Cards on all partners or Federal Employers Identification Number (FEIN)

CORPORATION OR LLC (LIMITED LIABILITY COMPANY)

1. Copy of any verification of Federal Employer's Identification number

NON-PROFIT ORGANIZATION

1. Proof of non-profit status 501 c(3) corporate number, list of officers.
2. List of authorized personnel or agents to sign fund raising applications & permits.
3. Copy of Federal Employer's Identification number if business or organization has employees.

ICE CREAM & MOBILE VENDORS

1. Copy of driver's license
2. Copy of social security card or Federal Employer's Identification Number (FEIN)
3. Vehicle inspection by Orange Cove Police Department
4. Current Health Department Sticker

DOOR TO DOOR SOLICITING

1. Public Liability Insurance naming the City of Orange Cove as "additional insured"
2. List of authorized personnel and copies of photo identification
3. Copy of Federal Employers Identification Number (FEIN)