



BUSINESS LICENSE APPLICATION

Business Name: _____
DBA Name: _____
Bus. Owner Name: _____
Business Address: _____ (Street) _____ (City) _____ (St) _____ (Zip)
Mailing Address: [] same as above _____ (Street) _____ (City) _____ (St) _____ (Zip)
Bus. Phone No.: (____) _____ - _____ Contact Phone No.: (____) _____ - _____
Email Address: _____ @ _____ . _____
Bus. Website Address: _____
Business Type (check one): [] Nonresidential1 [] Home Based2 [] Solicitor
[] Street Vendor/Mobile Vendor3 [] Massage4 [] Cottage Food Operation4/5
[] Contractor/Installer [] Industrial6
Other: _____
Ownership Type (check one): [] Sole Proprietorship [] Partnership [] Limited Partnership [] Corporation [] LLC
Social Security No.: _____ - _____ - _____ OR Federal ID No.: _____ - _____ - _____
Contractors License No.: _____ Resale Tax No.: _____
State ID No.: _____ No. of Employees: (within city limits only) _____

Please describe the nature of your business: (limit to 50 characters) _____

Certification and Acknowledgement: Business Licenses are issued subject to information provided herein. Any change in the information may invalidate the Business License. The Business License is not transferable to a new owner, new type of business, new type of business activity, or new location. It is the responsibility of all Business License Applicants to identify and obtain all permits and approvals required by Federal, State, City, or County regulations. It is also the responsibility of the applicants to comply with all City Building and Zoning Regulations and Ordinances. Failure to do so may invalidate your right to do business in the City.

1 Please complete and submit the Police Department Emergency Contact Form
2 Please complete and submit the Home Occupation Clearance Form
3 Provide proposed vending location(s)
4 Provide a copy of your license/certificate from the State of California
5 Provide a copy of your license/certificate from Placer County
6 Provide a copy of your NPDES Permit (National Pollutant Discharge Elimination System)

Please Note:

- The State of California enacted **SB 1186**, which became effective on January 1, 2013, that requires the City to collect an additional \$4.00 with each new business license or business license renewal application. This fee is included with your business license fee. The \$4.00 is used by the State to facilitate compliance with the Federal Americans with Disabilities Act of 1990.
- The State of California enacted **SB 205**, which became effective on January 1, 2020, that requires a person applying to a city or county for a new or renewed business license to demonstrate enrollment under the NPDES (National Pollutant Discharge Elimination System) Industrial Storm Water General Permit when conducting regulated industrial activities. Please go to this website for more information:
https://www.waterboards.ca.gov/water_issues/programs/stormwater/sb_205_business_license_requirements.html

I hereby affirm that the statements made in this application are true and correct. I understand that I may not conduct business in the City until I receive my license(s). The Business License Tax (\$30.00) and the SB 1186 fee (\$4.00) are refundable if the application is not approved. **This application is public record.**

Signature: _____ Date: _____

Print Name: _____

Thank you for doing business in the City of Lincoln!

◆For Official Use Only◆

- | | |
|--|---|
| <input type="checkbox"/> \$94.00 (Commercial) | <input type="checkbox"/> \$124.00 (Residential/Home Occupation) |
| <input type="checkbox"/> \$4.00 (Veteran) | <input type="checkbox"/> \$144.00 (Solicitor) |
| <input type="checkbox"/> Other (check with Utility Billing Dept) | <input type="checkbox"/> \$164.00 (Street Vendor) |

We accept cash or check only

Cash _____ or **Check #:** _____ Taken by: _____
Date: _____

APPROVED **DENIED**

Public Works Department: _____ Date: _____
(only for industrial permits)

Planning Department: _____ Date: _____

Building Department: _____ Date: _____

Fire Department: _____ Date: _____

Police Department: _____ Date: _____

Reason for Denial: _____