

OFFICE USE ONLY

Business License Year: 2023
Business License No: _____
Business License Paid □

9955 Live Oak Boulevard • Live Oak, California 95953 Telephone (530) 695-2112 • Fax (530) 695-2595 www.liveoakcity.org

Business License Affidavit

Business Name (DBA):			
Pucinas Address			
City:	State:	Zip Code:	
Mailing Address.			
City:	State:	Zip Code:	
Business Phone No:	Con	ntact Person:	
	State Tax ID No:		
Develof Employed on No.			
State Contractors License No:			
BUSINESS OWNER(S) INFORMA			
Last Name, First Name		Last Name, First Name	
Street Address:		Street Address:	
Mailing Address:		Mailing Address:	
1		Home Phone No:	
0 110 1 31		Social Security No:	
Email Address:		Email Address:	
TYPE OF OWNERSHIP: (Please ch	neck the appropriat	e choice)	
☐ Sole Proprietorship ☐ Part:	nership \Box	Corporation Trust	
DO YOU OWN OR RENT YOUR	BUSINESS LOCA	TION? [] Rent [] Own	
If Renting, Name of Landlord:Address of Landlord:			



9955 Live Oak Boulevard • Live Oak, California 95953 Telephone (530) 695-2112 • Fax (530) 695-2595

BUSINESS CATEGORY: (Ple	ase check the appro	priate choice)	
☐ Administrative Headquarters	□ Contractor	□ Retail	☐ Rental Residential Property
☐ Recreation/Entertainment	☐ Manufacturer	☐ Services	☐ Rental Non-Residential Property
☐ Transportation of Goods	☐ Professional	□ Wholesale	☐ Peddler/Itinerant Vendor
If Business is Rental Property, ple	ase state the number	r of rental units wit	hin the city limits of Live Oak:
TO BE COMPLETED BY ALI	APPLICANTS		
Gross Receipts Source (Check	One):		
□ IRS Tax Returns □ Sales Tax	x Return 🗆 Audited	l Financial Statem	ents 🗆 Other
NOTE: BUSINESSES LOCAT FOR LIVE OAK ONLY.	ED OUTSIDE OF	FCITY LIMITS, I	PLEASE PROVIDE GROSS RECEIPTS
Please complete if business wa	<u>s</u> in operation for e	entire calendar yea	ar of 2022.
Enter Actual Gross Receipts fo	or Calendar year 20	22:	\$
	OR		
Please complete if business wa	s not in operation	for entire calenda	r year of 2022.
Enter Estimated Gross Receipt	s for full 12 month	s of operation for	year 2023: \$
	nses within the State,	as required by AB 137	00 until December 31, 2023 it will be assessed or 9. You may obtain more information about the 20180AB1379
tenants with buildings open to the public. You	may obtain information abo t <u>www.dgs.ca.gov/dsa/Hom</u> e	ut your legal obligations a	onsibility that applies to all California building owners and and how to comply with disability access laws at the following Rehabilitation at <u>www.rehab.cahwnet.gov.</u> The California
Applicant will not engage in (Cannabis):	any activity that i	nvolves the sale o	or distribution of Marijuana
Signature required			DATE:
I declare, under penalty of perjury	, that this affidavit, fo	or or statement inclu	ding any supporting data has been examined
by me, and to the best of my know.	ledge, information, ar	nd belief, is a full true	e and correct application, return, or statement
· · ·		tner, or Officer of C	orporation, or other Authorized Agent or
Representative of any of the above	said same.		
DATE:	SIGNATURE: _		