



LIVE OAK CALIFORNIA

OFFICE USE ONLY
Business License Year: 2024
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

License Type (Check one): New Business Renewal

BUSINESS INFORMATION

Business Name (DBA): _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone No: _____ Contact Person: _____

Federal Tax ID No: _____ State Tax ID No: _____

Board of Equalization No: _____

State Contractors License No: _____

BUSINESS OWNER(S) INFORMATION

Last Name, First Name _____ Last Name, First Name _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

Home Phone No: _____ Home Phone No: _____

Social Security No: _____ Social Security No: _____

Email Address: _____ Email Address: _____

TYPE OF OWNERSHIP: (Please check the appropriate choice)

Sole Proprietorship Partnership Corporation Trust

DO YOU OWN OR RENT YOUR BUSINESS LOCATION? [] Rent [] Own

If Renting, Name of Landlord: _____

Address of Landlord: _____

DESCRIPTION OF BUSINESS ACTIVITY: _____

COMPLETE BOTH SIDES OF THE APPLICATION

