

## **BUSINESS LICENSE APPLICATION**

Business Name:		
Business Location:	Bus. Phone:	
Business Mailing Address:	City:	State:
Name of Owner:	Home Phone:	
Home Address:	City:	State:
CA State Tax ID#:	Fed. Tax ID/Soc. Sec. No.:	
Describe the Nature of Business in Live Oak	:	
If Contractor, State License Number:	Classification:	
I declare, under penalty of perjury, that this application, and, to the best of my knowledge, information, a represent.		
DATE SIGNATURE		TITLE
	ZONING	
I hereby certify that the type of business the applicar the applicable zoning regulations.	nt proposes to conduct at the above add	ress (line 2) is in conformance with
SIGNED	DATE	
	BUILDING/FIRE	
A recent inspection of the above facility indicates a -r intended to cover the structural stability of any build when alterations, new construction, increase in capa hazard to life or property.	ing, nor does it preclude the issuance o	fadditional recommendations
SIGNED BUILDING OFFICIAL	Date	
SIGNED FIRE CHIEF	Date	
	FINANCE	
LICENSE #: LICENSE FEE:	ZONING FEE:TOTAL PAI	D:RECEIPT #:

• New Business License - \$155.00 • Business Owner Change - \$155.00 • Business Address Change - \$155.00



## **AGENT AUTHORIZATION**

## Section A: Information of the Person(s) Renting or Leasing

Section A. Information of the Leasing		
To the City of Live Oak:		
Agent Name	Phone Number	
	E-mail	
Mailing Address		
is hereby authorized to process this application on r Assessor's Parcel Number(s)		
This authorization allows representation for all apparall documents necessary for said processing, but no title interest.		
Section B: Owner(s) of Record (print and sign na	ame):	
Print Name	Print Name	
Signature	Signature	
Print Name	Print Name	
Signature	Signature	