



• Business Support Center •

Phone: 916-774-5310 or Toll-Free at 888-602-0239
Mailing Address: 311 Vernon Street • Roseville, CA 95678

Apply Online Today At: <http://www.roseville.ca.us/businesslicense>

OFFICIAL USE ONLY

Business License No. _____
Expiration Date _____
NAIC Code _____
License Fee \$ _____

BUSINESS LICENSE APPLICATION

PLEASE TYPE OR PRINT WITH PEN

Business Name _____ Bus. Start Date _____

Corporate Name _____ (if applicable) | New Application | Change | Home Occupation

Business Location _____ (Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)

Mailing Address _____

Phone No. _____ Alt. No. _____

Description of Business _____

Ownership | Corporation | Corp-Ltd Liability | Partnership | Sole Proprietor | Trust | Non-Profit

Email Address _____

State Sales Tax No. _____

Federal ID No. _____

State ID No. _____

State License No. _____

State License Type _____

Expire Date _____

PERSONAL INFORMATION - Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary)

1st Owner Name _____ Title _____ Social Security No. _____

Home Address _____ (Cannot be P.O. Box)

Driver's License No. _____

Home Phone No. _____

Cell Phone No. _____

2nd Owner Name _____ Title _____ Social Security No. _____

Home Address _____ (Cannot be P.O. Box)

Driver's License No. _____

Home Phone No. _____

Cell Phone No. _____

Have you filed a Fictitious Business Name Statement? | Yes | No | If yes, please attach copy of approved filed FNS.

EMERGENCY NOTIFICATION - In case of emergency and I cannot be reached, please call:

Name _____ Title _____

Address _____ Phone No. _____

Cell Phone No. _____

PLEASE FILL IN THE APPROPRIATE BOXES BELOW AND SIGN

CERTIFICATION AND ACKNOWLEDGEMENT

I declare under penalty of perjury that the statements made in this application are true. I further agree that business shall be conducted in accordance with the City of Roseville Municipal Code Chapter 6.04 Business Licenses. I understand that Sales or Use Tax may apply to my business activities. Upon issuance of a Business License, it shall be my responsibility to renew the license annually by January 31st.

SIGN HERE

Signature of Owner or Representative _____
Title _____ Date _____

Thank you for doing business in the City of Roseville

Please enter the number of employees, estimated annual gross receipts, and the number of rental units (for apartment rentals only) below.

No. of Residential Rental Units # _____

No. of Owners/Employees # _____

Estimated Current Year Annual Gross Receipts for Sales and/or Services \$ _____

NOTICE: Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx - The Department of Rehabilitation at www.rehab.cahwnet.gov - The California Commission on Disability Access at www.cdda.ca.gov.

RETURN APPLICATION BY MAIL TO:
City of Roseville – Business Licensing
311 Vernon Street
Roseville, CA 95678

SCAN & RETURN APPLICATION BY E-MAIL TO:
businesstax@hdlcompanies.com