Business License Application

City of Redding
Office of the City Clerk
777 Cypress Avenue, Third Floor
PO Box 496071, Redding, CA 96049

ACCOUNT NUMBER	CLASSIFICATION
TYPE OF BUSINESS	
OWNERSHIP SINGLE OWNER ☐ PARTNERSHIP ☐ CORPORATION ☐ TRUST ☐ LLC ☐	
NEW ☐	RENEWAL ☐
LICENSE PERIOD	

NAME OF BUSINESS

BUSINESS LOCATION ADDRESS

NAME OF OWNER AND BUSINESS MAILING ADDRESS

STATE MANDATED ADA DISCLOSURE AND FEE

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:
Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx
Department of Rehabilitation at www.rehab.cahwnet.gov
California Commission on Disability Access at www.ccda.ca.gov

( ) RETAIL AND WHOLESALE SALES & MISCELLANEOUS

1. ANNUAL BASE RATE $ $50.00
_____First 4 employees @ $8.00 each $_____
_____Remaining employees @ $4.00 each $_____
TOTAL AMOUNT $_____

( ) MANUFACTURING

2. ANNUAL BASE RATE $ $50.00
_____First 24 employees @ $4.00 each $_____
_____Remaining employees @ $2.00 each $_____
TOTAL AMOUNT $_____

( ) PROFESSIONAL

3. ANNUAL BASE RATE FOR EACH PROFESSIONAL MEMBER: $90.00 X_____ $_____
_____First 8 employees @ $6.00 each $_____
_____Remaining employees @ $4.00 each $_____
TOTAL AMOUNT $_____

( ) CONTRACTORS•SUBCONTRACTORS•BUILDERS

4. $90.00 PER ANNUM OR $30.00 PER QUARTER $_____

( ) HOTELS • MOTELS • HOUSES • APARTMENTS

5. ASSISTED LIVING • MOBILE HOME PARKS
_____$5.00 PER UNIT PER ANNUM_____

( ) BUSINESS OTHER THAN ABOVE

6. CALL THE CLERK'S OFFICE 530-225-4056
Lessors/Renters Real Property,
Coin Operated Machines, Hospitals, Convalescent Hospitals

Signed Under Penalty of Perjury

Signature:_____

Position/Title:_____

Business Telephone_____

CATEGORY CODE (See section at left)	
Total employees/units	_____
BASE FEE	_____
EMPLOYEE/UNIT FEE	_____
SUBTOTAL	_____
PENALTY FEE	_____
STATE ADA FEE	$1.00
TOTAL FEE	_____

ADDITIONAL INFORMATION REQUIRED BY OUTSIDE AGENCIES

SOCIAL SECURITY / FEDERAL EMPLOYERS I.D. NO._____

STATE EMPLOYERS I.D. (SEIN) NO._____

BOARD OF EQUALIZATION SALES TAX ACCOUNT (BEAN) NO._____

STATE CONTRACTORS LICENSE NO._____

INFORMATION FOR USE BY POLICE AND FIRE DEPARTMENTS. IN CASE OF AN EMERGENCY PLEASE NOTIFY THE PERSON(S) LISTED BELOW:

(PLEASE PRINT)

1.
NAME
TELEPHONE

2.
NAME
TELEPHONE

For Office Use Only

CORPORATIONS & PARTNERSHIPS - LIST ALL OFFICERS /PARTNERS / MEMBERS
ATTACH ADDITIONAL SHEET IF NECESSARY

OWNER HOME ADDRESS IF DIFFERENT FROM MAILING ADDRESS

NAME: LAST FIRST

ADDRESS

CITY STATE ZIP+4

ADDITIONAL OWNER INFORMATION

NAME: LAST FIRST TITLE

NAME: LAST FIRST TITLE

NAME: LAST FIRST TITLE

Revised 1-2014