City of Yucaipa

BUSINESS LICENSE APPLICATION

ADMINISTRATIVE SERVICES DEPARTMENT

Applications must be completed in entirety before being processed. Please type or print.
Asterisks [*] indicate items to appear on license.
$50 application fee for first year.

34272 Yucaipa Blvd.
Yucaipa, CA 92399
TEL 909/797-2489
FAX 909/790-9203

www.yucaipa.org

*** BUSINESS NAME:** _____ **BUSINESS PHONE:** _____

*** MAILING ADDRESS:**

_____ _____ _____ _____
Street Address **City** **State** **Zip Code**

*** BUSINESS LOCATION ADDRESS:** (P.O. Box numbers not accepted)

_____ _____ _____ _____
Street Address **City** **State** **Zip Code**

DATE BUSINESS STARTED IN YUCAIPA: (or future start date if not yet established) _____

WEBSITE: _____ **EMAIL:** _____

TYPE OF BUSINESS: Full description (i.e., retail, wholesale, manufacturing, type of contractor, type of product, etc. **Please be specific**.)

_____

_____

_____

*** OWNER/OFFICER NAME:** _____ **OWNER HOME PHONE:** _____

OWNER ADDRESS: (Residence of Owner of Sole Proprietorship or headquarter address of Corporation)

_____ _____ _____ _____
Street Address **City** **State** **Zip Code**

OWNERSHIP TYPE: (Check One)

☐ Sole Proprietorship ☐ Partnership (or LLP)
☐ Trust ☐ Corporation (or LLC)

Please use **asterisks** to indicate other partners/officers to display on license.

List All Partners (attach list if necessary)

_____

List All Officers and Titles (attach list is necessary)

_____

SOCIAL SECURITY NO: _____ **FEDERAL ID NO:** _____

STATE EMPLOYER ID NO: _____ **CONTRACTOR'S LICENSE NO:** _____

DRIVER'S LICENSE NO: _____ **BOARD OF EQUALIZATION ACCT NO:** _____

IS THIS BUSINESS OPERATED OUT OF YOUR HOME? ☐ **YES** ☐ **NO**

IF YES, WILL PEOPLE COME TO YOUR HOME FOR PRODUCT OR SERVICE? ☐ **YES** ☐ **NO**

HAVE YOU EVER APPLIED FOR A YUCAIPA CITY BUSINESS LICENSE? ☐ **YES** ☐ **NO**

IF YES, UNDER WHAT NAME? _____

I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct

_____ _____ _____
Print Name **Signature of Owner or Designated Representative** **Date**

Please Note: Some businesses may need more than a business license. All businesses must comply with all applicable City, County, State, and Federal laws and regulations. The business owner/operator is responsible for obtaining all necessary permits, licenses, or approvals.

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

_____
COMMUNITY DEVELOPMENT DEPT APPROVAL

NEW ☐ REINSTATE ☐ CHANGE ☐ ***** BUSINESS LICENSE NUMBER: _____