

# CITY OF OROVILLE

Discover Gold, Discover Gold

**Return To:**

City of Oroville  
 1735 Montgomery St.  
 Oroville, CA 95966  
 Telephone: (530) 538-2508  
 Fax Number: (530) 538-2526

RENEWAL

## BUSINESS LICENSE APPLICATION

NEW BUSINESS

Please type or print.

Make changes in printed information where necessary

BUSINESS NAME		
BUSINESS LOCATION (COMPLETE ADDRESS, CITY, STATE, ZIP)		
BUSINESS TELEPHONE	OWNER'S HOME TELEPHONE	DATE BUSINESS STARTED IN OROVILLE
BUSINESS OWNER		OWNER SOCIAL SECURITY NUMBER
HOME ADDRESS (COMPLETE ADDRESS, CITY, STATE, ZIP)		
IS APPLICATION FOR	<input type="checkbox"/> SOLE PROPRIETORSHIP	<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION
LIST ALL PARTNERS AND/OR ALL OFFICERS & TITLES - ATTACH SEPARATE LIST IF NECESSARY		
NAME/TITLE	ADDRESS	(AREA CODE) PHONE
NAME/TITLE	ADDRESS	(AREA CODE) PHONE
NAME/TITLE	ADDRESS	(AREA CODE) PHONE
NAME/TITLE	ADDRESS	(AREA CODE) PHONE
RESALE NUMBER (BOARD OF EQUALIZATION)	STATE EMPLOYER ID #	FEDERAL EMPLOYERS ID NUMBER

**MAILING INFORMATION**

NAME			
ADDRESS			
CITY		ZIP	

**PLEASE FILL IN APPROPRIATE SPACES:**

	Number of Employee's including Owner		
	Number of Professionals,		Number of Assistants or Employees
	Number of Units (Rms, Apts, Beds, Spaces, Lanes, Billboards, Vehicles, Tables, Chairs, Etc.)		
	Number of Rentals (Auto, Trailers, Planes etc.)		
	Other		

Type of Business (Give Full Description)

**AVOID PENALTIES - FILE PROMPTLY ALL BUSINESSES ARE SUBJECT TO AUDIT**

**AFFIDAVIT:** I Hereby declare under penalty of perjury, that the reported information is true and correct to the best of my knowledge.

SIGNATURE

OFFICE USE ONLY				APPROVED	DENIED
RECEIVED BY		DATE		OCCUPANCY PERMIT	
AMOUNT		RECEIPT#		USE PERMIT	
CASH/CHECK		SIC CODE		POLICE CLEARANCE	