



CITY OF SONORA
BUSINESS LICENSE APPLICATION

Make changes in printed information where necessary.

Return this form with payment to: City of Sonora, 94 N. Washington Street, Sonora, CA 95370, (209) 532-4541

PLEASE TYPE OR PRINT

RENEWAL NOT RENEWING NEW BUSINESS

License #

BUSINESS NAME and LOCATION (Complete Address, City, State, Zip)

ID#

BUSINESS TELEPHONE OWNER'S HOME TELEPHONE DATE BUSINESS STARTED IN SONORA

BUSINESS OWNER

BUSINESS OWNER HOME ADDRESS

IS APPLICATION FOR: SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION TRUST (LIST ALL PARTNERS) (LIST OFFICERS & TITLE) ATTACH SEPARATE LIST IF NECESSARY

NAME/TITLE HOME ADDRESS (Complete Address, City, State, Zip) (AREA CODE) PHONE

NAME/TITLE HOME ADDRESS (Complete Address, City, State, Zip) (AREA CODE) PHONE

NAME/TITLE HOME ADDRESS (Complete Address, City, State, Zip) (AREA CODE) PHONE

RESALE NUMBER (BOARD OF EQUALIZATION) STATE EMPLOYER ID# FEDERAL EMPLOYER ID#

MAILING INFORMATION

NAME ADDRESS CITY, STATE, ZIP

NOTICE

CITY OF SONORA WILL NOT GUARANTEE INFORMATION ON THIS FORM WILL BE EXEMPT FROM DISCLOSURE UNDER THE PUBLIC RECORDS ACT. THIS IS ONLY AN APPLICATION. NEW BUSINESSES REQUIRE APPROVAL OF APPROPRIATE CITY DEPARTMENTS BEFORE A BUSINESS LICENSE IS ISSUED.

Email Address:

SECTION 5.10.220 OF SONORA MUNICIPAL CODE - FOR FAILURE TO PAY A LICENSE TAX WHEN DUE, THE COLLECTOR SHALL ADD A PENALTY OF FORTY DOLLARS (\$40.00) PER MONTH FOR EACH MONTH THE LICENSE IS LATE. IN ADDITION TO THE PENALTIES IMPOSED, ANY LICENSE HOLDER WHO FAILS TO REMIT ANY TAX IMPOSED BY THIS CHAPTER SHALL PAY INTEREST AT THE RATE OF EIGHTEEN PERCENT (18%) ANNUAL INTEREST, ON THE AMOUNT OF THE TAX, EXCLUSIVE OF PENALTIES, FROM THE DATE ON WHICH THE REMITTANCE FIRST BECAME DELINQUENT UNTIL PAID.

TYPE OF BUSINESS (GIVE FULL DESCRIPTION) CONTRACTORS LICENSE #

WE CANNOT PROCESS YOUR LICENSE WITHOUT A SIGNED APPLICATION. PLEASE SIGN AND DATE APPLICATION AND RETURN WITH THE FEE. FEES CAN BE FOUND ON BACK OF APPLICATION OR ON ATTACHED SHEET.

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

AVOID PENALTIES - FILE PROMPTLY ALL BUSINESSES SUBJECT TO AUDIT

OFFICE USE ONLY APPLICATION RECEIVED BY DATE OCCUPANCY PERMIT RECEIVED BY DATE POLICE CLEARANCE RECEIVED BY DATE CHECK # CASH CREDIT CARD AMOUNT RECEIVED DATE BANK # SIC CODE