



City of IONE BUSINESS LICENSE APPLICATION FORM

CITY USE ONLY

Zoning Designation: _____
 Assessor's Parcel No: _____
 Approved by City Planner Yes No
 Date Approved: _____
 Amount Paid: _____
 Date Paid: _____
 Clerk: _____

Copy of Seller's Permit Yes No
 Copy of Worker's Comp. Yes No
 Approved by City Clerk Yes No
 Date Approved: _____
 Receipt No: _____
 License No: _____

Applicant: Fill in applicable areas; please print clearly.

Name of Business: _____
 Type of Business: _____ Phone _____
 Date Business Started or Will Start: _____
 Business Location: _____
 Mailing Address: _____
 Application is for: Sole Proprietorship Partnership Corporation*
 Business Owner(s): _____
 Home Address: _____

Social Security Number of Sole Proprietor: _____
 *If Partnership or Corporation, list officers and addresses:

Seller's Permit, or Resale Number (State Sales Tax): _____

Please submit a copy with your application. Information about the nearest State Board of Equalization is available upon request.

Federal Tax I.D. Number: _____ Non-profit organization? _____

State Contractor's License Number: _____

Do you have employees? Yes No

If you will also be obtaining building permits, a copy of your Worker's Compensation Insurance is needed if there are employees.

I declare of my own personal knowledge that the foregoing is true and correct.

Applicant Signature _____ Date _____