

CITY OF BLUE LAKE

APPLICATION FOR BUSINESS LICENSE

Please Complete and Return to City Hall
P.O. Box 458, 111 Greenwood Road, Blue Lake, CA 95525
Phone 707.668.5655 Fax 707.668.5916

GENERAL I	NFORMATION:	Do you have: a Business?:	Rentals?:	
Your/Contact	Name:			
Phone number	r:	Emergency	y phone number:	
Email:				
For Business	es:			
Business Phys	sical Location:			
Web Address:				
			es: part-time employee	s:
Is your busine	ss located: inside cit	y limits? outside city	/ limits?	
Is your busine	ss inside your home	? Yes no		
Based on Ord	linance #483, pleas	e calculate the amount due: S	\$	
CERTIFICAT	ION:			
		ousiness license does not in an	y manner excuse compliance wit	th anv
		•	urpose of the business license fe	•
	-	es and is not intended for regul	_	•
•	1 1 1	Ç		
I certify under	penalty of perjury t	hat the above information is tru	ue and correct.	
Date:				
Signed:		Title:		
		Office Use Only	·	
Paid: \$	Date Paid:	Check No:	Cash Payment:	Initial: