

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 :	INFORMATION: Do	you have: a Business?:	Rentals?:
Your/Contact	t Name:		
	ress:		
Phone number: Emergency phone number:			ne number:
For Business	ses:		
Name of Bus	iness:		
Business Phy	sical Location:		
Business Des	scription:		
Web Address	S:		
Alarm: ye	es no Number	r of full-time employees:	part-time employees:
Is your busine	ess located: inside city limits	? outside city limi	ts?
Is your busine	ess inside your home? Yes _	no	
			te the amount due: \$
CERTIFICA	ΓΙΟΝ:		
		s license does not in any ma	nner excuse compliance with any
			se of the business license fee is solely to
	for municipal purposes and i		·
ř		C	
I certify unde	er penalty of perjury that the	above information is true an	d correct.
Date:			
Signed:	Title:		
		Office one only	
Paid: \$	Date Paid:	Check No:	Cash Payment: Initial: