



ANNUAL BUSINESS LICENSE APPLICATION

CITY OF BLUE LAKE

PO BOX 458 | 111 GREENWOOD RD.

BLUE LAKE, CA 95525

PH: 707-668-5655 FAX: 707-668-5916

bluelake.ca.gov

Application for:

- ☐ New Business
- ☐ Change of Ownership
- ☐ Change of Business Location
- ☐ Change of Business Name
- ☐ Add/Change Business Description

IMPORTANT: This application is for those seeking an annual business license and are located OUTSIDE of Blue Lake's limits.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

BUSINESS INFORMATION

**Business Name
(DBA)**

This name appears on your business license

Address/Location

Business location must be a physical location **outside** of City Limits

City, State, Zip

Mailing Address

If different from business location

City, State, Zip

Email address

FAX: _____

Phone #1

Phone #2 _____

Business Start Date*

*start date implies the date this business license is to become effective

Business activity must be described in detail (attach additional pages as needed):

OWNERSHIP INFORMATION

Business Ownership Type:

- ☐ Corporation
- ☐ Partnership
- ☐ Sole Proprietor
- ☐ Limited Liability Company
- ☐ Other: (describe) _____

1st Owner Name _____

or Corporate Name

2nd Owner Name _____

Additional Owners _____

☐ Owner is a
Veteran

☐ Organization is
Non-Profit

If you have checked either box please provide a copy of your DD Form 214 or your proof of non-profit status to have fees waived.

OFFICE USE ONLY

BUSINESS LICENSE # _____

Annual Fee \$50.00 _____

SB1186 \$4.00 _____

of Employees _____ \$ _____

TOTAL \$ _____

Date Paid: _____ Amount Paid: _____ Payment Type: ☐ Cash ☐ CC ☐ Check # _____

☐ Electronic ☐ Physical Certificate Issued on: _____ By: _____

SB1186 is a \$4.00 annual state fee to fund disability access education