



CITY OF BLUE LAKE

Please Complete and Return to City Hall
111 Greenwood Road, Blue Lake, CA 95525
Phone 707.668.5655 Fax 707.668.5916

APPLICATION BUSINESS LICENSE: QUARTERLY OR DAILY ONLY

GENERAL INFORMATION: All sections must be completed

Business Owner: _____

Your/Contact Name: _____

Mailing Address: _____

Phone number: _____ Emergency phone number: _____

Email: _____

Name of Business: _____

Business Physical Location: _____

Business Description: _____

If your business is located outside the city limits, the fee for # employees does not apply to your business.

If your business is located inside Blue Lake City Limits:

Number of employees: _____

Is your business located inside your home? Yes _____ No _____

CERTIFICATION:

Please note that the issuance of a business license does not in any manner excuse compliance with any applicable state, county or municipal laws or regulations. The purpose of the business license fee is solely to raise money for municipal purposes and is not intended for regulation.

I certify under penalty of perjury that the above information is true and correct.

Date: _____

Signed: _____ Title: _____

Office Use Only

Paid: \$ _____ Date Paid: _____ Check No: _____ Cash: ☐ CC: ☐ Initial: _____

Business Lic. Number: _____ Quarterly: ☐ Daily: ☐ Effective Date(s): _____

Electronic Certificate / Physical Certificate Issued: _____ By: _____