



CITY OF SONORA

BUSINESS LICENSE APPLICATION

Make changes in printed information where necessary.

PLEASE TYPE OR PRINT.

Return this form with payment to:
City of Sonora
94 N. Washington Street
Sonora, CA 95370
(209) 532-4541

RENEWAL NEW BUSINESS

BUSINESS NAME

1

BUSINESS LOCATION (Complete Address, City, State, Zip)

2

BUSINESS TELEPHONE

OWNER'S HOME TELEPHONE

DATE BUSINESS STARTED IN SONORA

3

4

5

BUSINESS OWNER

6

HOME ADDRESS (Complete Address, City, State, Zip)

7

IS APPLICATION FOR SOLE PROPRIETORSHIP PARTNERSHIP (LIST ALL PARTNERS) CORPORATION (LIST OFFICERS & TITLE) TRUST ATTACH SEPARATE LIST IF NECESSARY

9

NAME/TITLE

HOME ADDRESS (Complete Address, City, State, Zip)

(AREA CODE) PHONE

NAME/TITLE

HOME ADDRESS (Complete Address, City, State, Zip)

(AREA CODE) PHONE

NAME/TITLE

HOME ADDRESS (Complete Address, City, State, Zip)

(AREA CODE) PHONE

RESALE NUMBER (BOARD OF EQUALIZATION)

STATE EMPLOYER I.D.#

FEDERAL EMPLOYER I.D. NUMBER

10

11

12

MAILING INFORMATION 13

TO CALCULATE YOUR TAX, USE THE ATTACHED SHEET

NAME
ADDRESS
CITY, ZIP

NOTICE

CITY OF SONORA WILL NOT GUARANTEE INFORMATION ON THIS FORM WILL BE EXEMPT FROM DISCLOSURE UNDER THE PUBLIC RECORDS ACT.

THIS IS ONLY AN APPLICATION. NEW BUSINESSES REQUIRE APPROVAL OF APPROPRIATE CITY DEPARTMENTS BEFORE A BUSINESS LICENSE IS ISSUED.

SECTION 5.10.220 OF SONORA MUNICIPAL CODE – FOR FAILURE TO PAY A LICENSE TAX WHEN DUE, THE COLLECTOR SHALL ADD A PENALTY OF TWENTY DOLLARS (\$20.00) PER MONTH FOR EACH MONTH THE LICENSE FEE IS LATE. IN ADDITION TO THE PENALTIES IMPOSED, ANY LICENSE HOLDER WHO FAILS TO REMIT ANY TAX IMPOSED BY THIS CHAPTER SHALL PAY INTEREST AT THE RATE OF TWELVE PERCENT (12%) ANNUAL INTEREST, ON THE AMOUNT OF TAX, EXCLUSIVE OF PENALTIES, FROM THE DATE ON WHICH THE REMITTANCE FIRST BECAME DELINQUENT UNTIL PAID.

TYPE OF BUSINESS (Give full description)

CONTRACTOR'S LICENSE NO.

14

15

WE CANNOT PROCESS YOUR LICENSE WITHOUT A SIGNED APPLICATION.
PLEASE SIGN AND DATE APPLICATION AND RETURN WITH FEE.

16

AFFIDAVIT: I hereby declare under penalty of perjury, that the reported information is true and correct to the best of my knowledge.

SIGNATURE _____ DATED _____

AVOID PENALTIES – FILE PROMPTLY

ALL BUSINESS ARE SUBJECT TO AUDIT

OFFICE USE ONLY

APPLICATION RECEIVED BY _____ DATE _____

OCCUPANCY PERMIT RECEIVED _____ DATE _____

POLICE CLEARANCE RECEIVED _____ DATE _____

AMOUNT RECEIVED _____ DATE _____

SIC CODE _____