



# COUNTY OF SISKIYOU

311 Fourth Street, Room 104  
Yreka, CA 96097-2944  
(530) 842-8340 ♦ (888) 854-2000 ext.8340  
FAX #: (530) 842-8344  
www.co.siskiyou.ca.us/tax/index.htm

**Wayne Hammar**  
Treasurer – Tax Collector

FOR OFFICIAL USE

EFFECTIVE  
DATE  
\_\_\_\_\_

## BUSINESS LICENSE APPLICATION

\$76.00 Annual Fee

Business Startup Date \_\_\_\_\_

Business Name \_\_\_\_\_

Business Location \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Location Assessor's Parcel Number \_\_\_\_\_

Business Mailing Address \_\_\_\_\_

Nature of Business/Brief Description of Service Provided \_\_\_\_\_

Business Owner Name and Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Have you held a Business License at this location previously? \_\_\_\_\_

If yes, in what name? \_\_\_\_\_

Contractor's License No. \_\_\_\_\_ Corporate ID No. \_\_\_\_\_ Fed ID or SSN \_\_\_\_\_

Ownership Type: Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

If a partnership or corporation, list names of the principal parties \_\_\_\_\_

Property Owner's Name & Address for business location \_\_\_\_\_

Name and Address of the person who will be responsible for payment of tax on fixtures and equipment \_\_\_\_\_

Approximate cost of business fixtures and equipment, excluding licensed vehicles \_\_\_\_\_

Name and Address of Previous Owner of fixtures and equipment \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TITLE \_\_\_\_\_

**(Please see reverse for instructions and approval requirements for processing.)**

## INSTRUCTIONS

If your business is located in an unincorporated area of Siskiyou County, your application must be approved by the Siskiyou County Planning Department, 806 S Main Street, Yreka, CA 96097, (530) 841-2100, prior to submitting. If you intend to conduct business out of your residence, a Home Occupational Use Permit will be required in addition to a County Business License. A planner will assist you in determining requirements, prior to that department's approval of your application.

### PLANNING DEPARTMENT APPROVAL \_\_\_\_\_

If your business deals with a food product, sewage or septic disposal or any other service which could affect the public health, you must obtain approval from the Siskiyou County Health Department, 806 South Main Street, Yreka, CA 96097 (530) 841-2100.

### HEALTH DEPARTMENT APPROVAL \_\_\_\_\_

Door-to-door and itinerant or mobile sales units must have their Business License Application approved by the Siskiyou County Sheriff's Department, 305 Butte Street, CA 96097, (530) 842-8301. Itinerant or mobile sales units must also, prior to making sales, obtain permission from the owner of the commercial property on which they plan to locate their unit.

Any business with the use, sale or storage or manufacture of blasting agents, explosives or gunpowder, must obtain the Sheriff's Department approval of the Business License Application.

### SHERIFF'S OFFICE APPROVAL \_\_\_\_\_

If your business requires, or is to be operated from any building or structure, your application must be approved by the Siskiyou County Building Department, 806 S Main St., Yreka, CA 96097, (530) 841-2100.

### BUILDING DEPARTMENT APPROVAL \_\_\_\_\_

It may be necessary for you to file a Fictitious Name with the Siskiyou County Clerk, 510 N Main St., Yreka, CA 96097, (530) 842-8084.

It may be necessary to register your business with the State of California, State Board of Equalization, 2881 Churn Creek Road, Suite B, Redding, CA, (530) 224-4729.

Current California State Law requires Worker's Compensation coverage if you have employees. Please sign the statement below.

### WORKER'S COMPENSATION DECLARATION (California State Labor Code)

I hereby affirm, under a penalty of perjury, on the following declarations:

I have and will maintain a Certificate of Consent self-insurance for workers' compensation, as provided by Section 3700, for the duration of any business activities conducted for which this license is issued. I have and will maintain workers' compensation insurance, as required under Section 3700, for the duration of any business activities conducted for which this license is issued.

My workers' compensation insurance carrier and policy number are:

Carrier: \_\_\_\_\_ Policy Number \_\_\_\_\_

I certify that in the performance of any business activities for which this license is issued I will not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I will forthwith comply with the provisions of Section 3700.

**WARNINGS:** Failure to secure workers' compensation coverage is unlawful, and will subject an employer to criminal penalties and civil fines up to \$1,000,000.00, in addition to the cost of compensation, damages as provided for in Section 3706 of the Labor Code, interest, and attorney's fees.

Name of Company \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_