



City of Susanville

66 North Lassen Susanville, CA 96130-3904
(530) 252-5111



MOBILE FOOD VENDOR BUSINESS LICENSE APPLICATION

Please write clearly, be very specific in describing your business and complete each section with a reply or "N/A" Any blank line or unanswered question may cause the application to be rejected and will delay the process.

License Fee: _____ Plus \$4.00 = _____

Fire Inspection Required (\$102.00) Yes ☐

Home Occ. Required (\$105.00) Yes ☐

HUSA Yes ☐ fee payable in 6 months

Health Department Certificate Yes ☐ (please submit w/app)

California SB 1186 Fee \$4.00 (Applies to New/Renewal license)

BLN: _____ Received: _____

Approved ☐ Denied ☐ Date: _____

Ownership Type: Sole Proprietor ☐ Corporation ☐ Partnership ☐ Limited Liability Corp. ☐

Type of Application: New License ☐ Change of Owner ☐ Change of Business Address ☐

Type of Business: Service ☐ Contractor ☐ Professional ☐ Special Event ☐ Taxi Service ☐ Other ☐ Retail ☐

Business Name: _____

Business Site Address (No PO Boxes): _____
City State Zip

APN: _____

Phone: () _____ Cell Phone: () _____ Email Address: _____

Business Mailing Address: _____
City State Zip

Business Owner's Name (First, MI, Last) OR Name of Corporation/LLC as filed with Secretary of State:

Partners (if applicable):

Name 1: _____ Title: _____

Signature 1: _____ Date: _____

Name 2: _____ Title: _____

Signature 2: _____ Date: _____

Name 3: _____ Title: _____

Signature 3: _____ Date: _____

State ID No.: _____ Federal ID No.: _____ State Board of Equalization No.: _____

Social Security Number: _____ State Contractors License No.: _____

Additional Information:

Is this a home based business within Susanville City Limits: ____ Yes **OR** ____ No

Will firearms be sold? ____ Yes **OR** ____ No

Is the business located in HUSA uptown? (Additional Fees apply) ____ Yes **OR** ____ No

Detailed Business Description:

Describe all activities, products, types of services, etc. of your business (if necessary please use separate piece of paper):

No. of Employees who report to business site:

Hours of Business operation:

Affidavit of Person Applying for First License

Please give an estimate of the gross receipts for the period (quarterly) to be covered by this license. This request is made pursuant to section 5.04.100 of the Susanville Municipal Code.

Estimated gross Sales: \$ _____

I declare under penalty of perjury that to the best of my knowledge this estimate is true and correct.

Signature: _____ Date: _____

The fee is based on the type of business. If you are not sure of your business category, please contact our office at (530) 252-5113. The City uses the following categories:

Service – Bookkeeper, janitorial services, pet grooming, etc.

Retail – Restaurants, carpet sales, car sales, store front, etc. Contractors – Construction activities, carpenters, roofers, general contractors, etc.

Professional – Consultant, Realtor, accountant, physician, etc.

Other: Special Event, Telephone Companies, etc.

(Please check with the Health Department to see if a Health Certificate is required)

After a completed application and fees have been submitted to the City of Susanville, the application will be reviewed by the appropriate Departments. The Planning Division, Building Division, Fire Department and Police Department may take up to 30 days to review and approve General Business License. In the event of a denial, a letter will be mailed to the applicant with information regarding the reasons for denial and appeal rights and process.

Depending on the type of business or service you are providing, you may need additional licenses, permits, certifications, etc. from local, state and/or federal agencies. It is your responsibility to determine what other requirements you need.

Some commercial business activities may require a Use Permit from the Planning Division, prior to issuance of a business license and prior to operating. In this instance your license may be delayed until planning approval is obtained.

Affidavit of Person Applying For Business License: I declare under penalty of perjury that to the best of my knowledge this form is filled out to be true and correct:

Signature: _____ Print: _____ Date: _____