



City of Escalon

BUSINESS LICENSE APPLICATION

BL # _____

CATEGORY _____

☐ RENEWAL

☐ NEW BUSINESS

FOR OFFICE USE ONLY

- Instructions:
1. All questions must be answered or designated not applicable (N/A) as appropriate.
 2. Incomplete or unsigned forms and/or incorrect fee payments will be returned.
 3. Make checks payable to: City of Escalon.

Business Name: _____ (30 Characters Max)

Business Address: _____
(not a PO Box) Number Street City State Zip

Mailing Address: _____
Number Street City State Zip

Business Phone: _____ Cell: _____ Email: _____

Above public information is subject to internet publication and public information requests.

Check one: ☐ Sole Proprietorship ☐ Partnership ☐ Ltd Liability Co ☐ Corporation

FEIN/SSN: _____

Please list information regarding the business owner(s) and all partners.

(First Name)

(Last Name)

(Title)

(Telephone Number)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

After-Hours Emergency Contact Name: _____ Phone: _____

Sellers Permit #: _____
(Sales Tax)

Contractor's License #: _____
Other license #: _____

SIC Code: _____

Full Description of Business: _____

REVERSE

FOR CITY USE ONLY:

Received by: _____ Amount Paid: _____ BL Entered by: _____

Received Date: _____ Receipt #: _____ BL Entered date: _____

CONTRACTORS:

LIST ALL SUBCONTRACTORS (attach additional paper if more space is needed):

SUBCONTRACTOR NAME	MAILING ADDRESS, CITY, ZIP	PAYMENT AMOUNT (estimate if necessary)
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE PROVIDE ANNUAL GROSS RECEIPTS OR AMOUNT OF JOB: \$ _____

1. APPLICATION FEE:	1. \$ _____
2. LICENSE FEE (refer to enclosed Fee Schedule):	2. \$ _____
3. STATE SURCHARGE (SB 1186):	3. \$ 4.00
TOTAL AMOUNT DUE (total of lines 1, 2 & 3):	\$ _____

I declare under penalty of perjury that this application has been examined by me and the information provided herein are true and correct.
Full details regarding business licenses can be found in the Escalon Municipal Code which is available at www.cityofescalon.org

Signature: _____ Print Name: _____ Date: _____

FOR CITY USE ONLY:

APPROVALS:	DEPARTMENT	APPROVED	DENIED	DATE	COMMENTS
	PLANNING	_____	_____	_____	_____
	BUILDING	_____	_____	_____	_____
	FIRE	_____	_____	_____	_____
	WATER	_____	_____	_____	_____
	POLICE	_____	_____	_____	_____

Location Type: ☐ Residential ☐ Commercial

City of Escalon Contact Information**Business License Department**

2060 McHenry Avenue

Escalon, CA 95320

Ph: (209) 691-7423 Fax: (209) 691-7409

www.cityofescalon.org