CITY OF SUSANVILLE

66 North Lassen Street
Susanville, California 96130
Phone: (530) 252-5111 • Fax: (530) 257-4725

FOR CITY USE ONLY

License Fee(s):_____

License Number:_____

Fire Inspection Required: ☐ Yes ☐ No
Home Occ. Required: ☐ Yes ☐ No
HUSA: ☐ Yes ☐ No

BUSINESS LICENSE APPLICATION
Real Estate Agent

Please Print:

Application Date: _____

Agent's Name: _____

Business Location: _____

_____
City State Zip Code

Type of Business: _____ Telephone Number: (____)_____

Mailing Address: _____
(If different from above) Street/P.O. Box City State Zip Code

Agent Information

Name: _____ Home Telephone Number: (____)_____

Home Address: _____
Street / P.O. Box City State Zip Code

Driver's License Number:_____ Social Security Number: _____

State License Number: _____

BEAN Number: _____
State Board of Equalization (State Sales Tax Number)

Date: _____ Name: _____
(Please Print)

Title: _____ Signature: _____

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Fire Inspection Application submitted with $102.00 Fee: ☐ Yes ☐ No ☐ N/A

Home Occupation Use Permit submitted with $105.00 Fee: ☐ Yes ☐ No ☐ N

AFFIDAVIT OF PERSON APPLYING FOR FIRST LICENSE

PLEASE GIVE AN ESTIMATE OF GROSS RECEIPTS FOR THE PERIOD (QUARTERLY) TO BE COVERED BY THE LICENSE TO BE ISSUED. 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.

DATE: _____ SIGNATURE _____

TITLE: _____

PUBLIC WORKS DEPARTMENT VERIFICATION

ASSESSOR'S PARCEL NUMBER: _____ ZONE DISTRICT: _____

PLANNING DIVISION SIGNATURE: _____ DATE: _____

COMMENTS: _____

_____

OCCUPANCY TYPE (PER BUILDING CODE> _____ (TO BE DETERMINED BY BUILDING OFFICIAL

BUILDING OFFICIAL SIGNATURE: _____ DATE: _____

COMMENTS: *CONTACT THE BUILDING DIVISION AT (530) 252-5117 FOR PERMIT REQUIREMENTS WHEN TENANT IMPROVEMENTS ARE BEING CONSIDERED.*

_____

FIRE DEPARTMENT VERIFICATION

FIRE DEPARTMENT SIGNATURE: _____ **DATE:** _____

COMMENTS: _____

_____

POLICE DEPARTMENT VERIFICATION

POLICE DEPARTMENT: _____ DATE: _____

COMMENTS: _____

_____