



COMMERCIAL BUSINESS LICENSE APPLICATION

FINANCE DEPARTMENT • 200 H STREET

PO BOX 5007, ANTIOCH CA 94531

PHONE: 925-779-7059 • FAX: 925-779-7054

E-MAIL: FinanceBusLic@Antiochca.gov

PLEASE TYPE OR PRINT CLEARLY

1. BUSINESS NAME*	_____	2. Are you a business that is a regulated industry with Stormwater discharge Yes ☐ No ☐ If so, please provide the Permit # below
3. BUSINESS LOCATION* (NO PO BOXES)	_____	4. WDID APP ID # _____
5. MAILING ADDRESS (IF DIFFERENT FROM #2)	_____	6. WDID Permit # _____
8. BUSINESS PHONE*	_____	7. NONA ID # _____
10. EMAIL ADDRESS	_____	9. NEC ID # _____
11. DESCRIPTION OF BUSINESS*	_____	
12. NUMBER OF EMPLOYEES	_____	13. SELLERS PERMIT # _____
14. FEDERAL TAX ID #	_____	15. STATE TAX ID # _____

NAME OF OWNERS OR CORPORATE OFFICERS, ATTACH ADDITIONAL PAGE IF NEEDED.

16. OWNER NAME*	_____	17. DL # *	_____
18. HOME/PHYSICAL ADDRESS*	_____		
19. EMAIL ADDRESS	_____	20. PHONE #	_____
"OPTIONAL"			
21. IS YOUR BUSINESS WOMAN-OWNED?	☐		
22. IS YOUR BUSINESS A MINORITY/SMALL DISADVANTAGED BUSINESS?	☐		
23. IS YOUR BUSINESS VETERAN-OWNED?	☐		
24. IF YES, ARE YOU CERTIFIED VIA SBA.GOV?	☐		
25. OWNER TYPE*	☐ SOLE PROPRIETORSHIP ☐ PARTNERSHIP ☐ CORPORATION ☐ LLC ☐ TRUST ☐ NON-PROFIT (ATTACH 501c3)		

ENTER NAME FOR PRIMARY CONTACT (IF DIFFERENT FROM OWNER INFORMATION)

26. CONTACT NAME	_____	27. TITLE	_____
28. CONTACT ADDRESS	_____		
29. EMAIL ADDRESS	_____	30. PHONE #	_____

31. MESSAGE THERAPY*	I UNDERSTAND I AM REQUIRED TO OBTAIN A MESSAGE ESTABLISHMENT PERMIT FROM THE POLICE DEPARTMENT PRIOR TO APPLYING FOR MY BUSINESS LICENSE.	YES	NO	N/A
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BUSINESS LICENSE TAX AND FEES (PLEASE SEE REVERSE SIDE)

32. GROSS RECEIPTS* IN ANTIOCH ONLY	_____	33. LICENSE TAX DUE	\$	
35. NUMBER OF VEHICLES (TAXI & LIMO ONLY - \$6.00 STICKER PER VEHICLE)	_____	34. APPLICATION FEE	\$	34.00
38. NUMBER OF CARD TABLES	_____	36. STATE MANDATED FEE	\$	4.00
		37. STICKER FEE (TAXI & LIMO ONLY)	\$	
		39. TOTAL AMOUNT DUE (ADD #27-30)	\$	

ANNUAL LICENSE ORDINANCE

All business licenses shall be issued for one year from the date of issuance and must be renewed annually. It is the responsibility of the business owner to renew the business license upon expiration regardless of whether the notice of expiration was received.
(Ord. 2082-C-S, passed 3-25-14)

The undersigned, being authorized to make this Application, hereby declares to the best of his knowledge and belief that this is a true, correct, and complete information made pursuant to the Antioch Municipal Code. The undersigned also agrees to abide by all considerations and restrictions imposed under the Antioch Municipal Code. This business license does not authorize holder to engage in any business or profession for which other certificates or permits are required. This business license must be renewed annually and posted in a conspicuous place.

SIGNATURE* _____ DATE* _____

OFFICE USE ONLY

ACCOUNT # _____ PLANNING _____ RECEIPT # _____