"2024"

City of Maricopa

P.O. BOX 548, Maricopa, CA 93252

BUSINESS LICENSE APPLICATION FORM

To The City of Maricopa:

I hereby apply for a license to do business in the City of Maricopa, State of California.

1. Name of Business-

2. Address of Business-

Zip Phone

3. Mailing Address of Business

Zip Phone

4. Owner/Owners (If needed add page with list)

a) Name-

Address-

Zip Phone

b) Name-

Address-

Zip Phone

c) Name-

Address-

Zip Phone

5. Federal Employer I.D. Number if Business is a Partnership or Corporation-

6. Or Social Security Number for all others-

State Employer I.D. Number may be used if Federal I.D. Number is not known-

7. Business Description-

8. Standard Indusrial Classification-

9. Ownership Type (Sole Proprietorship, Corporation, Partnership):

10. Date Business Commenced in Maricopa

11. State Sales Tax Number-

12. State Contractor's License No.-

13. Will this be a Home Based Occupation? Yes No

14. Place, route or territory of business-

SPECIAL NOTICE: Sales or use tax may apply to your business activities. You may seek written advice regarding the application of tax to your particular business by writing to the nearest State Board of Equalization office. State Board of Equalization license number if applicable.

City of Maricopa Business License Form

NOTICE: Your, City of Maricopa business license will expire 12/31 of the current year listed at the top of the page. Please complete the section above and return it with your payment. If you have any questions, please call (661) 769-8279.

I will not permit any violation of law, City, County, State or Federal on the premises.

SIGNATURE **DATE**

***PLEASE PAY THIS AMOUNT** **$44.00**

***This amount includes a Disability Access Fee of $4.00 that the state requires us to add to each business license.**