



# CITY OF GUSTINE

PO BOX 16 - 352 Fifth Street, Gustine, CA 95322  
Phone: (209) 854-6471 [www.cityofgustine.com](http://www.cityofgustine.com)

## INFORMATION REQUIRED OF ALL BUSINESSES

**BUSINESS  
LICENSE  
APPLICATION  
Form A:  
Required  
Information**

Type of Application (Check only ONE box):  New  Renewal (yearly)  Update information  
**(STAFF USE ONLY: If this is a renewal or update, write the license number here: \_\_\_\_\_)**

Business Start Date in Gustine (Circle or fill in): As soon as possible Date: \_\_\_\_\_ N/A-Existing

Business Name: \_\_\_\_\_  
**(If this is a fictitious business name, you must attach copy of Fictitious Name Statement)**

Business Address: \_\_\_\_\_ City<sup>1</sup>: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
**(If the business City is Gustine, you must also attach completed Form B: Businesses in Gustine.)**

Business Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_ Website: \_\_\_\_\_

Nature of Business (the business provides customers): \_\_\_\_\_  
\_\_\_\_\_

Applicant's Legal Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City<sup>1</sup>: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Mobile Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Ownership (Check one):  Sole Proprietor  Partnership  Limited Liability  Corporation  Trust  
**(Partnerships: Submit copies of partnership agreement. If there is no formal agreement, each applicant must complete and sign "additional owners" section on page two of this application. The City will record ONE EIN or social security number per business regardless of the type of business.)**

Employer Identification Number: \_\_\_\_ - \_\_\_\_\_ **OR** Social Security Number: \_\_\_\_ -- \_\_\_\_ -- \_\_\_\_\_

**Please fill out ANY of the following applicable to your business:**

Contractor License # (required for all contractor work): \_\_\_\_\_

Primary SIC Code: \_\_\_\_\_ WDID Application number: \_\_\_\_\_

NONA Number: \_\_\_\_\_ NEC Number: \_\_\_\_\_

Other Licenses (ie: Bureau of Auto Repair/Health/Dentist...etc.):

License \_\_\_\_\_ Expiration: \_\_\_\_\_

*Businesses may be automatically included in a listing of licensed businesses and the information above, including your contact information, will be included unless you request removal.*

**The City cannot consider this application until (1) applicants completely fill out all portions and (2) all applicants sign the original form. Applicants must proceed to page two of this document to sign, indicating agreement to all terms and authorization of the application.**

**BUSINESS LICENSE APPLICATION FORM A, PAGE TWO: ACKNOWLEDGMENTS AND SIGNATURES**

**NOTICES:**

1. Payment of business taxes and/or fees or the issuance of a business tax certificate in no way releases the applicant/licensee from compliance with any provision of Federal or State laws, County statutes, local ordinances and regulations, including and without limitation to zoning, building, fire health and safety codes.
2. Applicant(s) acknowledge the requirement that they conduct only the type(s) of businesses listed on this application.
3. Applicant(s) will notify the City of any change of contact information, address or any other statements of facts supplied in this application, immediately and within five days of the change.

I declare under penalty of perjury that the aforementioned information contained herein is, to the best of my knowledge, and belief true and correct. As a condition for the issuance of the business license, I agree to submit any additional information that may be required; to conduct all phases of business in accordance with established for such business in conformance with all applicable laws, ordinances and regulations.

I certify that in the performance of any business activities for which this license is issued. I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with the provisions of Section 3700.

Signature of person listed as "Applicant" above: \_\_\_\_\_ Date: \_\_\_\_\_

**THE BELOW SECTION IS ONLY REQUIRED FOR PARTNERSHIPS WITHOUT A PARTNERSHIP AGREEMENT.**  
**By signing, each of the below Co-Applicants attests to the above.**

Signature of "Co-Applicant" Number One: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Legal Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_ Mobile Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Signature of "Co-Applicant" Number Two: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Legal Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_ Mobile Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Signature of "Co-Applicant" Number Three: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Legal Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_ Mobile Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_