



**CITY OF LATHROP**  
**BUSINESS LICENSE TAX APPLICATION**  
**Finance Department**

390 Towne Centre Drive, Lathrop, CA 95330  
 Main: (209) 941-7320 Fax: (209) 941-7339 Email: [billing@ci.lathrop.ca.us](mailto:billing@ci.lathrop.ca.us)

**Application Fee \$25 PLUS Business License Tax (see schedule)**

**ZONING VERIFICATION**

Initial: \_\_\_\_\_

**FINANCE USE ONLY**

BL #: \_\_\_\_\_

**Application Date:** \_\_\_\_\_

**BUSINESS INFORMATION**

Business Name (include DBA, if applicable)		Business Start Date in Lathrop
Business Mailing Address	Business Phone No.	Business Fax No.
Business Physical Address (NO P.O. Box per State of CA Business & Professions Code §17538.5)	After Hours Emergency No.	Business Square Footage
Corporate Name (if any)		Corporate Phone No. (if any)

**BUSINESS ACTIVITY (Completely describe the activities of your business, including products and services.)**

\_\_\_\_\_

<b>Business Zoned:</b> <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (Home Occupation Permit No. _____)	<b>No. of Employees:</b> F/T: _____ P/T: _____	<b>Annual Gross Receipts:</b> \$ _____
<b>Type of Ownership:</b> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Other _____		
<b>Type of Business :</b> <input type="checkbox"/> Office <input type="checkbox"/> Retail <input type="checkbox"/> Food Service <input type="checkbox"/> Manufacturing <input type="checkbox"/> Warehousing <input type="checkbox"/> Construction <input type="checkbox"/> Other _____		

<b>Federal Employer ID No.</b>	<b>State Employer ID No.</b>	<b>Seller's Permit No.</b>	<b>State Contractor's License No.</b> (must present pocket card or copy)	<b>No. of Commercial Vehicles</b>
_____	_____	_____	_____	_____
			Exp. Date. _____	

**OWNER INFORMATION**

<b>Owner 1 Name (First, Last)</b>		<b>Title</b>	<b>Owner 2 Name (First, Last)</b>		<b>Title</b>
_____		_____	_____		_____
<b>Mailing Address (if mail box Cal. Bus Prof §17538.5 form required)</b>			<b>Mailing Address (if mailbox Cal. Bus Prof §17538.5 form required)</b>		
_____			_____		
<b>Home Phone No.</b>	<b>Mobile No.</b>	<b>Home Phone No.</b>	<b>Mobile No.</b>		
_____	_____	_____	_____		
<b>Email</b>			<b>Email</b>		
_____			_____		
<b>Driver's License, ID, Social Security, or ITIN No.</b>		<b>Date of Birth</b>	<b>Driver's License, ID, Social Security, or ITIN No.</b>		<b>Date of Birth</b>
_____		_____	_____		_____

**QUESTIONNAIRE (Questions listed below must be answered.)**

<b>Building Department</b> 1. Any structural alterations to the building? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Any interior alterations to Commercial/Industrial equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. What was the previous use/occupancy of the building? _____	<b>Lathrop Police Department</b> 4. Does business involve sale of firearms, including gunpowder? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. Does business involve sale of second-hand property? <input type="checkbox"/> Yes <input type="checkbox"/> No 6. Does business involve coin-operated machines of any type? <input type="checkbox"/> Yes <input type="checkbox"/> No 7. Where will the commercial vehicles be parked or stored? If the business has no commercial vehicles write N/A. _____
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**NOTICE:** All businesses conducting business in the City of Lathrop ("City") are required to obtain a City business license, even temporary businesses. Business licenses issued by the City shall be issued for revenue purposes only. This business license does not grant authorization to occupy any space, building, premises or property that requires modifications, additional approvals, or permits. It is the responsibility of the business license applicant to identify and obtain all special permits and approvals required by federal, state, county, or local regulations. This includes, complying with all building and zoning regulations and ordinances. Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: The Division of the State Architect at [www.dgs.ca.gov/dsa/home.aspx](http://www.dgs.ca.gov/dsa/home.aspx). The Department of Rehabilitation at [www.dor.ca.gov](http://www.dor.ca.gov). The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov). Failure to do so may invalidate your right to do business in the City, and in addition, may subject you to penalties and legal sanctions.

A business license is NON-TRANSFERABLE to a new owner, new type of business activity, or location. A business license must be renewed annually, whether or not a renewal notice is received.

By signing below, I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct. I acknowledge it is my responsibility to obtain all special permits or approvals prior to occupying a space, building, or property. I understand that once this application is submitted, the application fee and the State mandated fee are non-refundable, and that certain information provided is public record.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_