

CONTRACTOR  
PROFESSIONAL  
GENERAL  
HOME OCCUPATION

NON-PROFIT  
TEMPORARY/  
OTHER \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_ BUSINESS PHONE# \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

FEDERAL TAXPAYER I.D./S.S.#: \_\_\_\_\_ SALES TAX I.D.# \_\_\_\_\_

BUSINESS LICENSE NUMBER: \_\_\_\_\_

NO LONGER DOING BUSINESS IN COALINGA. PLEASE CLOSE OUR LICENSE.

OWNERSHIP STATUS:                      Sole Proprietor                      Corporation                      Partnership

BUSINESS TYPE: (Check all that apply)

Retail	Manufacturing	Financial/Insurance Door	Real Estate Leasing/Rentals
Wholesale	Services	Dental/Medical	Contractor - CSLB Lic # _____
Restaurant	Professional Office		Other _____

OWNER/MANAGER NAME(S): \_\_\_\_\_

AFFIDAVIT: I declare, under penalty of making false affidavit, that this application is made by me, that I am authorized to make such an application, that to the best of my knowledge and belief, it is a true, correct and complete application made in good faith, pursuant to the provisions of the Business License Ordinance of the City of Coalinga.

CONTRACTORS: By signing this document, you hereby declare yourself responsible for ensuring that all subcontracts have a valid business license on file with the City of Coalinga.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR HOME OCCUPATION APPLICANTS ONLY:**

AFFIDAVIT: I, the undersigned, hereby certify that I have read and understand the provisions attached pertaining to the establishment of a Home Occupation and agree that I will operate my business within the provisions prescribed by Sec. 9-2.3001 of the Coalinga Municipal Code:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_