



COMMUNITY DEVELOPMENT

CITY OF ANGELS PO Box 667, 200 Monte Verda St. Suite B, Angels Camp, CA 95222 P: (209) 736-1346 / (209) 736-2181
cda@angelscamp.gov

City of Angels Business License Application

1. Business Name:
2. Fictitious Business Name:
3. Business phone/cell:
4. Business e-mail:
5. Business Address (physical address of business, including suite #)/City/State/Zip
6. Business Owner phone/cell
7. Business Owner e-mail (if different from above)
8. Business Owner mailing address/City/State/Zip
9. Business Description: Please include a detailed description of your business (e.g., what is being sold, what services are being provided, where parking is proposed for the business, will the business be operated out of your home or a store front). Attach a separate page if necessary.

10. Building Alterations. Are any alterations to the building proposed? (e.g., new or replacing doors, windows, adding or removing or altering walls, changing entrances, altering electrical or plumbing etc.) – CIRCLE ONE	Yes	No	
10A. If the answer above is yes; summarize proposed changes here:			
11. Will the business be home-based?	Yes	No	(Yes) Complete Home Occupation Permit Application
12. Is a sign proposed?	Yes	No	(Yes) Complete Sign Permit Application
13. Will water or sewer service be changed?	Yes	No	(Yes) Complete Utility Application/Revision
14. Does the business involve the sale of firearms, alcohol, cannabis?	Yes	No	(Yes) Complete Police Department Registration Form
15. Will the business provide short or long-term rentals?	Yes	No	(Yes) Complete TOT Registration Form
16. Are you applying for a veteran's fee exempt license and own 51% or more of the business?	Yes	No	(Yes) Provide copy of Honorable Discharge DD-214
17. Do you have a contractor's license?	Yes	No	(Yes) State Contractor's License #:
18. Do you have any type of certification used for this business?	Yes	No	(Yes) List the types of certificates/#s:
19. Do you have or plan to have surveillance/security equipment?	Yes	No	(Yes) Please describe:
20. Any additional information you would like to provide?			

All information on this application must be completed before a business license is issued. An inspection of the premises will be required by the Fire Marshal (209) 736-1346 and/or Building Department (209) 736-1346 before a license is issued. This business license does not authorize occupancy. Sales or use taxes may apply to your business activities. You may seek advice regarding the application of sales tax to your particular business by calling the California Department of Tax and Fee Administration (CDTFA) or by visiting <https://www.cdtfa.ca.gov>.

I certify under penalty of perjury that the information provided herein is true and correct to the best of my knowledge and ability.

Business Owner's Signature _____ Date: _____

ROUTING
Building
Fire
Planning

FOR OFFICE USE ONLY
Date received
License #
Customer ID:
License Fee
SB1186 Fee
Total Fee:
Receipt #

Date Issued: _____