



<p align="center"><b>OFFICE USE ONLY:</b></p> <p>Business ID #</p> <p>License #</p>
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# *Town of Yountville*

## **APPLICATION FOR BUSINESS LICENSE**

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

**FEE PER FISCAL YEAR \$20.00 – MAKE PAYABLE TO THE “TOWN OF YOUNTVILLE”**

Application is hereby submitted for a Town of Yountville Business License per Municipal Code Title 5, Chapter 5.04 permitting the operation of the following business:

**Business Name:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_ LOCATED IN HOME (Y / N)

**Mailing Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Manager’s Name:** \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_

**Emergency Phone:** \_\_\_\_\_

**Alarm Company:** \_\_\_\_\_

**Opening Date:** \_\_\_\_\_

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**Owner Name:** \_\_\_\_\_

**Owners Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Owners Social Sec.:** \_\_\_\_\_

**Federal I.D. #** \_\_\_\_\_

**State I.D. #:** \_\_\_\_\_

**Contractor’s #:** \_\_\_\_\_

**Ownership Type:**      Sole Prop.:                  Partnership:                  Corporation:                  Other:

**Type of Business:** \_\_\_\_\_

A copy of your Worker’s Compensation Insurance (if applicable) must accompany this application. Sales or Use Tax may apply to your business activities. You may see written advice regarding the application of tax to your particular business by writing to the nearest State Board of Equalization office.

Planning Department :	_____
Date Signed Off	_____