



**CITY OF LIVINGSTON**  
**1416 C STREET, LIVINGSTON, CA 95334**  
**Tel: (209) 394-8041**  
**Fax: (209) 394-4190**

**Cust No.** \_\_\_\_\_  
**Lic No.** \_\_\_\_\_  
**Amt \$** \_\_\_\_\_  
**Period Ending** \_\_\_\_\_  
**Date Rec'd** \_\_\_\_\_  
**Employee Initials** \_\_\_\_\_  
**In City UB** \_\_\_\_\_

**CITY BUSINESS LICENSE APPLICATION**

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

**ADDRESS** \_\_\_\_\_  
                     NUMBER                    STREET                    CITY                    STATE                    ZIP

Mailing Address \_\_\_\_\_  
 Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

**OWNERSHIP TYPE:** SOLE PROPRIETORSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_

**TYPE OF BUSINESS:** (Be Specific) \_\_\_\_\_

Attach any County or State Licenses or permits which are pertinent to the operation of your business.

If applicable: State Contractor License Number: \_\_\_\_\_ Class \_\_\_\_\_  
 Building Contractors: Job start date: \_\_\_\_\_ ending date: \_\_\_\_\_

**BUSINESS OWNER:**

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 PHONE NO \_\_\_\_\_  
 DRIVERS LICENSE NO \_\_\_\_\_  
 SOCIAL SECURITY NO \_\_\_\_\_

**FEDERAL EMPLOYER IDENTIFICATION:** \_\_\_\_\_  
**STATE EMPLOYER IDENTIFICATION:** \_\_\_\_\_  
**SALES TAX OR SELLERS PERMIT NO.:** \_\_\_\_\_  
**WORKERS COMPENSATION COVERAGE:** Policy Number: \_\_\_\_\_

Businesses located in city limits must provide a 24hr emergency contact name and number:  
 Name \_\_\_\_\_ Phone # \_\_\_\_\_

**I declare under penalty or perjury that to my knowledge all information in this statement is true and correct.**

**SIGN HERE** x \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Notice:**  
 LCM section 3-1-5: provides that a business license shall authorize the party obtaining the same to transact the business described in such license in a particular locality in the city; provided, that the party complies with all other provisions of this code and other ordinances and regulations of the city.