CITY OF LOYALTON

COUNTY OF SIERRA 605 SCHOOL STREET P.O. BOX 128 LOYALTON, CALIFORNIA 96118 (530) 993-6750 cityofloyalton.org



OFFICE OF THE MAYOR APPLICATION FOR A BUSINESS LICENSE

Name of C	Owner of Business:		
Address:	(First)	(Middle)	(Last)
Address:Telephone: Name of Business:			
Nature of 1	Businese:		
	ractors License No.	Resale License No:	
Dermanent	Location of Business		
	s a Corporation or Partnership?	Telephone:	
Is Busines	s a Corporation or Partnership?	Yes No	
If so, pleas	se indicate the name(s), address(s),	, and title(s) of officer(s) or pa	artner(s):
***			370 g
Annual Gr	OSS Receipts from Business \$ (The City needs this information to determin		
	(The City needs this information to determin	e the tax due per quarter. See schedule b	elow.)
Date	Signature	Title	- 10
	******		*****
Sal	les or use tax may apply to your bu	siness activities. You may se	ek, written advice
reg	arding the application of tax for ye	our particular business by wri	ting to the nearest
Sta	te Board of Equalization office.	-	•
******	******	******	*****
TAXES	(Section 5.04.220 of Loyalton) businesses having gross receipt		
A. 🗆	Less than \$10,000 annually – Fe		
B. □	Between \$10,000 and 50,000 and		vear
С. 🗆	Between \$ 50,000 and \$100,000		
D. □	Between \$100,000 and \$150,000		
E. □	More than \$150,000 annually –	2	
secondia teat of	e note the \$4.00 fee has been inc		r the
	ADA Fees		
0		P	For official use only
Data Raca	ived.		
Dail Rece	ived:		
Fee Receiv	ved:		
City Clerk	: 	Date approved:	17.17.17.17.17.17.17.17.17.17.17.17.17.1