



County of Humboldt
Mobile Business License Application

Business License # _____

Humboldt County Treasurer-Tax Collector
 825 5th Street, Room 125
 Eureka, CA, 95501-1100
Website: <http://humboldtgov.org/tax>
Phone: (707) 476-2450

Please Print & Complete All Questions on this Form

This application will be submitted to the following County Departments for approval:

Public Works Environmental Health Planning Sheriff

A license will not be issued without the approval of those applicable departments.

Date: _____ **Parcel Number:** _____

Business Name: _____

Contact Name: _____

Business Location Address: _____

City/State/Zip: _____

Business Mailing Address: _____

City/State/Zip: _____

Business Telephone: _____ **Business Website:** _____

Estimated Gross Monthly Income: _____ This figure determines the cost of your annual business license fee.

Please see the Annual Fee Schedule

APPLICATION FEE:	\$213.20
Annual License Fee.....	\$ _____
(See Business License Fee Schedule Below)	
Total Due \$ _____	
If Food/Drink Involved	
Environmental Health.....	\$ 75.00
Total Due\$	
<u>Fees are Non-Refundable</u>	
<u>Cash or Check Only</u>	
Please make checks payable to:	
<u>Humboldt County Tax Collector</u>	
<u>Business License Annual Fee:</u>	
\$5000 and Over	\$40.00
\$2500-\$4999	\$30.00
\$ 600 - \$2499	\$20.00
\$ 599- & Under	\$12.00

LLC ___ Corporation ___ Partnership ___ Sole Proprietor ___ Foundation ___ Trust ___ Other _____

Must include a copy of Articles of Organization if you are a LLC, Corporation, Foundation, etc.....

Owner/Contact #1

Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone #: _____

Email Address: _____

Date of Birth: _____

Place of Birth: _____

Owner/Contact #2

Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone #: _____

Email Address: _____

Date of Birth: _____

Place of Birth: _____

Business Description: _____

Does this business involve the sale, transport or manufacture of food? [] Yes / [] No

If yes, describe: _____

Are you a veteran? [] Yes / [] No *If yes, contact the Tax Collector's office to determine if you qualify for exemptions.*

As per the "Nuclear Free Humboldt County Ordinance" passed by the electorate on November 8, 1988, please answer the following question:

Is the proposed building or structure designed to be used for designing, producing, launching, maintaining, or storing nuclear weapons or the components of nuclear weapons? [] Yes / [] No

*Sales, use, or excise tax may apply to your business activities.
 For information, contact the State Board of Equalization Office.
 (1-800-400-7115)*

 Applicant Signature

Signing this application acknowledges potential regulatory oversight and the intent of the applicant to comply.

FOR DEPARTMENT RECOMMENDATIONS	
PLANNING	SHERIFF
ENVIRONMENTAL HEALTH	PUBLIC WORKS

Paid Cash/Check/Money Order \$ _____ **Date:** _____ **Processed By:** _____

County of Humboldt Business License Application

Community Development Service, Planning & Building Division Supplemental Form

Please Complete All the Questions on This Form

Assessor Parcel Number _____

Date: _____

Business Name: _____

Business Address: _____

Type of Business, mark all that apply:

- Agriculture Related
- Animal Keeping/Breeding
- Antique Mall
- Automotive Sales, Storage, Service or Repair
- Barbershop
- Beauty Shop
- Bed & Breakfast
- Church, Synagogue or Place of Worship
- Café', Restaurant, Bar
- Consulting
- Food Handling (processing or packing)
- Health Care Services
- Heavy Industrial/Equipment
- Lawn Care/Landscaping

- Light Industrial
- Manufacturing
- Office, Professional
- Medical Services
- Open Storage Contractors Yard
- Public Assembly
- Retail Sales
- Sanitarium
- School or teaching facility
- Secondhand Store
- Stables and/or Kennels
- Surface Mining
- Warehousing, Storage and Distribution
- Other _____
- _____

Explain the response (s) above by describing the activities associated with the business: _____

Proposed hours and days of operation 9am – 5pm Monday – Friday Other: _____

Numbers of Employees and Partners: (Including yourself) _____

Business Cycle: Permanent Seasonal Temporary Other _____

Square Footage of Room _____ Building (s) _____ used for the business. (square footage = length X width)

Describe the expected pedestrian, vehicular & truck traffic: (in trips coming & going per day) _____

Describe any other local, state & federal permits required for the business: (i.e. NCUAQMD, RWQCB, ABC, State Resale #....) _____

Describe any unique activities, requirements or specifications of the business: _____

Will the proposed business involve the sale or distribution of cannabis or cannabis related product?

YES, If yes, please describe the nature of the proposed activities _____

NO

Is this a new business? Yes/ No Is this a new location for an existing business? Yes/ No

Are you a new owner? Yes/ No Will you operate the same type of business as the former owner? Yes/ No

Does this business involve the sale, transport or manufacture of food? Yes/ No If yes, describe _____

Is this location on a public or private road? Public / Private

Are off-street parking stalls available? Yes/ No Are they paved? Yes/ No How many? _____

Do you plan to enlarge the existing driveway or construct a new one? Yes/ No

Is this business served by: Public Sewer System/ Septic Tank System/ Unknown

Do you handle or plan to handle hazardous materials? Yes/ No



PLANNING DIVISION
COMMUNITY DEVELOPMENT SERVICES
COUNTY OF HUMBOLDT
3015 H STREET EUREKA, CA 95501-4484
PHONE (707) 445-7541 FAX (707) 445-7446

Address of Convenience

Definition:

313-97 or 314-136 Address of Convenience-Non-residential activities associated with any profession, occupation, or hobby, having no employees, receiving no deliveries at the address, and utilizing a private residence only for receiving mail, phone calls, or related record keeping (typically a mobile business). No more than (1) truck or other motor vehicle of no larger than three-fourths (3/4) of a ton shall be permitted in conjunction with any Address of Convenience.

Parcel Number: _____

Business Name: _____ Phone: _____

Owners Name : _____

Business Address: _____

Business Description :

I hereby certify that I have read and understand the Address of Convenience provisions of the Humboldt County Code and agree to continuously conduct my home occupation consistent with those provisions.

Signed: _____ Date: _____

Approved By: _____ Date: _____

Please do not hesitate to call Christian Nielsen at Planning if you have any questions 268-3729.
You can also check us out on the web at www.co.humboldt.ca.us