



County of Humboldt
Storefront 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 Building Sheriff Fire District
A license will not be issued without the approval of those applicable departments.

Date: _____ **Parcel Number:** _____

Business Name: _____

Contact Name: _____

Business Location Address _____

Business 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 to determine the appropriate fee to add to the total of the application fee.

APPLICATION FEE:	\$388.20
Annual License Fee..... \$ _____	
<i>(See Business License Fee Schedule Below)</i>	
<u>Total Due \$</u>	
<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#1 **Contact Person #1**

Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone #: _____

Email Address: _____

Date of Birth: _____

Place of Birth: _____

Owner #2 **Contact Person #2**

Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone #: _____

Email Address: _____

Date of Birth: _____

Place of Birth: _____

Business Description: _____

Per the Nuclear Free Humboldt County Ordinance: Is the proposed building or structure 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)

X _____
 Applicant Signature

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

FOR DEPARTMENTAL RECOMMENDATIONS		
PLANNING	SHERIFF	BUILDING
ENVIRONMENTAL HEALTH	FIRE DISTRICT	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