



# CITY OF CALEXICO

608 HEBER AVE. . CALEXICO, CA. 92231

ATTN: BUSINESS LICENSE DEPARTMENT

(760)768-2120 or 2122 for payments Mail Applications or submit to E-mail: [businesslicense@calexico.ca.gov](mailto:businesslicense@calexico.ca.gov)

## BUSINESS LICENSE APPLICATION

City website: [www.calexico.ca.gov](http://www.calexico.ca.gov)

Business Name _____	<b>OFFICIAL USE ONLY</b>		
Business Location _____ (P.O. Box not accepted)	BUSINESS LICENSE # _____		
	SIC / NAIC _____		
	LICENSE FEE \$ _____		
	DATE PAID _____	CASH <input type="checkbox"/>	CHECK <input type="checkbox"/>

Bus. Phone ( \_\_\_\_\_ ) Bus. Fax ( \_\_\_\_\_ ) **BUS. START DATE IN CALEXICO EFFECTIVE:** \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(if Different from above, P. O. not accepted)

**Ownership:**  
 Corporation  Ltd Liability Corp.  
 Partnership  Sole Proprietor

**Description of Business** \_\_\_\_\_ **Business Type:**  
 Retail  Wholesale  
 Service  Apartments

**Landlord Names** \_\_\_\_\_

MUST HAVE A Resale No. BOE: \_\_\_\_\_ MUST HAVE A Federal ID No. \_\_\_\_\_ MUST HAVE A State ID No. \_\_\_\_\_

**Enter below names of Owners, Partners, or Corporate Officers- Use additional sheets as necessary**

Owner Name _____	Title _____	Phone ( _____ ) _____
Home Address _____	Web-site _____	
Driver's License No. _____	Social Security # _____	E-Mail _____

**Contact Person:**

Name _____	Title _____	Phone( _____ ) _____
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<b>PLEASE COMPLETE THE FOLLOWING:</b>		<b>PLEASE E-MAIL AT <a href="mailto:businesslicense@calexico.ca.gov">businesslicense@calexico.ca.gov</a> WITH ESTIMATE OF GROSS RECEIPTS FOR BUSINESS LICENSE FEE</b>	
APARTMENTS <input type="checkbox"/>	NOTE: Sales or use tax may apply to your business activities. You may seek written advice regarding the application of tax to your particular business by calling to the nearest State Board of Equalization at 1-800-400-7115.	One Year Estimated Gross	\$ 46.00 Plus
NO. OF UNITS <input type="checkbox"/>		BID FEES ZONE 1 & 2, IF APPLICABLE	\$100.00
VEHICLE LICENSE # (S) _____		Business License Application Fee	\$ 58.00
		FIRE INSPECTION FEE	\$ _____
		<b>TOTAL AMOUNT DUE</b>	\$ _____
		<b>EFFECTIVE JANUARY 1, 2013: SB 1186 STATE MANDATED DISABILITY ACCESS AND EDUCATION REVOLVING FUND</b>	
			\$ 1.00

*Thank you for doing business in the City of Calexico!*

I DECLARE, UNDER PENALTY OF PERJURY, THAT THE ABOVE APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I CERTIFY THAT I WILL OPERATE MY BUSINESS IN ACCORDANCE WITH ALL APPLICABLE FEDERAL, STATE AND CITY LAWS AND REGULATIONS. I FURTHER UNDERSTAND THAT ANY FALSE STATEMENTS MADE ABOVE ARE GROUNDS FOR DENIAL OR REVOCATION OF THE BUSINESS LICENSE.

Date: \_\_\_\_\_ Signature of Owner or Representative: \_\_\_\_\_

**RETURN ENTIRE APPLICATION FORM TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO THE CITY OF CALEXICO**

License Reviewed & Cleared B		<b>OFFICIAL USE ONLY</b>	
Finance Dept. _____	Police Dept.(fingerprints) _____	<b>Please Check One</b> <input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> CHANGE OF OWNER <input type="checkbox"/> CHANGE OF ADDRESS <input type="checkbox"/> CHANGE OF BUSINESS NAME <input type="checkbox"/> HOME OCCUPATION	
Building Div./Planning/Zoning _____	Public Works Dept _____		
Fire Dept. _____	Health Dept. _____		