

**CITY OF LAKEPORT**

225 Park Street,  
Lakeport, CA. 95453  
Phone: (707) 263-5613 x20  
Fax: (707) 263-9413

**ONE-TIME  
BUSINESS LICENSE**

**FEE \$10**

Receipt # \_\_\_\_\_

Please note that this license is valid for one job/project <u>and</u> not longer than thirty (30) days. Only two (2) one-time business licenses will be issued per fiscal year (July 1 through June 30).	Businesses participating in Special Community Events (i.e., Oktoberfest, car shows, craft fairs, etc.) may obtain more than two (2) one-time business licenses per fiscal year.
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	<b>BUSINESS</b>	<b>OWNER</b>
<b>NAME:</b>		
<b>STREET ADDRESS</b>		
<b>CITY, STATE, ZIP</b>		
<b>MAILING ADDRESS</b>		
<b>CITY, STATE, ZIP</b>		
<b>PHONE NUMBER</b>		

TYPE OF BUSINESS \_\_\_\_\_

JOB / PROJECT ADDRESS \_\_\_\_\_

DATES WORK TO BE COMPLETED: FROM \_\_\_\_\_ THROUGH \_\_\_\_\_

LEGAL STATUS (check one): SOLE PROPRIETORSHIP\_\_\_ PARTNERSHIP\_\_\_ CORPORATION\_\_\_

FED. EMPLOYER'S ID # \_\_\_\_\_ STATE EMPLOYER'S ID # \_\_\_\_\_

OWNER'S SOC. SEC. # \_\_\_\_\_ STATE CONTRACTOR'S LIC. # \_\_\_\_\_

CURRENT STATUS OF YOUR STATE CONTRACTOR'S LICENSE \_\_\_\_\_

***BEFORE THIS APPLICATION IS APPROVED, YOUR STATE CONTRACTOR'S LICENSE STATUS  
WILL BE VERIFIED BY THE CITY.***

UNDER PENALTY OF PERJURY, I STATE THAT I HAVE READ THE ABOVE  
AND CERTIFY THAT THE INFORMATION IS TRUE AND CORRECT.

\_\_\_\_\_  
SIGNATURE TITLE DATE

<b><u>OFFICE USE ONLY:</u></b>		
CONTRACTOR'S CURRENT LICENSE STATUS WITH STATE: Active ___ Suspended ___ Revoked ___		
<b>COMMUNITY DEVELOPMENT DEPARTMENT:</b> Approved ___ Denied ___ Date: _____		
COMMENTS: _____		
<b>BUILDING DEPARTMENT:</b> Approved ___ Denied ___ Date: _____		
COMMENTS: _____		