



# EL DORADO COUNTY

## TREASURER – TAX COLLECTOR K. E. COLEMAN, MBA | M.ACC.

### BUSINESS LICENSE APPLICATION

360 Fair Lane, Placerville, CA 95667  
(530) 621-5800 | taxcollector@edcgov.us

ORDINANCE 5.08.010

#### BUSINESS LOCATION & OWNER(S) INFORMATION

- New Business   
  Ownership Change   
  Business Location Change   
  Mailing Address Change   
  Secondary License

- Do not publish our business information within the new business or active listings   
  Home-Based Business: if yes, residential address must be listed as the Business Address

Check if DBA Recorded, *if* Owners name not used   
**Business License Name:** \_\_\_\_\_  
 Business Location (No P.O. Box #) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Business Phone \_\_\_\_\_ FAX # \_\_\_\_\_ Email \_\_\_\_\_  
 Assessment# \_\_\_\_\_ Zoning:  Residential  Commercial/Industrial Website \_\_\_\_\_

Address where owner consents to receive process: \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Application is for a   
 Sole Proprietorship   
 Partnership   
 Corporation   
 LLP   
 LLC   
 S-Corp   
 Trust   
 Non-Profit Org   
 Vet Owned

Name (Sole Proprietor, Partner, Officer) \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Address (Street, City, State, Zip) \_\_\_\_\_

Name (Partner, Officer) \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Address (Street, City, State, Zip) \_\_\_\_\_

Name (Partner, Officer) \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Address (Street, City, State, Zip) \_\_\_\_\_

Name (Partner, Officer) \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Address (Street, City, State, Zip) \_\_\_\_\_

Name (Management Company) \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Address (Street, City, State, Zip) \_\_\_\_\_

Owner/Management Company to notify in case of an emergency:

Business phone # M-F, 9:00 am to 5:00 pm: \_\_\_\_\_

After hours phone #: \_\_\_\_\_

Alarm company name (if applicable): \_\_\_\_\_

Phone #: \_\_\_\_\_

#### BUSINESS INFORMATION

Description of Business Activity \_\_\_\_\_

Business start date (in El Dorado County): Required \_\_\_\_\_  
Licenses/Permits/Certifications:

CA Seller's Permit #: \_\_\_\_\_

VHR Permit #: \_\_\_\_\_

- Contractors # \_\_\_\_\_ Firearms # \_\_\_\_\_ Home Care # \_\_\_\_\_ Child Care # \_\_\_\_\_  
 Other Required License: Name \_\_\_\_\_ License # \_\_\_\_\_

State Water Resources Control Board Certificates Copy Required	Waste Discharger Id # (WDID)	WDID Application #	SIC # (Required)	Notice of Nonapplicability Id # (NONA)	No Exposure Certificate Id # (NEC)
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Is this a Home-Based Business?  Yes  No If Yes, answer the questions on the Home Based Business Check List.

Is this a Short-Term Rental?  Yes  No Date began renting: # units  Home  Room  Other

Contact: Phone:

Advertising Source(s):

Cannabis Operation: Yes No CA Bureau of Cannabis Control License #: CA Department of Public Health Certificate #:

Manufactured Cannabis Safety Branch License #: EDC Use Permit #:

EDC Operating Permit #: for the following business category:  Retailer  Nursery
 Cultivation Outdoor  Cultivation Mixed Light  Cultivation Indoor  Manufacturing Level 1  Manufacturing Level 2
 Distribution  Testing Lab  Temporary Cannabis Event  Delivery

Name of Company or Individual filing Tax Return: Contact:

Address: Phone #:

Email: Advertising Source(s):

CA Bureau of Cannabis Control licenses medical & adult-use cannabis, retailers, distributors, testing labs, microbusinesses, & temporary cannabis events. CA Dept. of Public Health Manufactured Cannabis Safety Branch licenses all Manufacturing operations.

AUTHORIZATION SIGNATURES

I understand that: Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:

- The Division of the State Architect at www.dgs.ca.gov/dsa/
The Department of Rehabilitation at www.dor.ca.gov/
The California Commission on Disability Access at www.cdda.ca.gov/CCDA

The taxes are paid annually in advance and are not refundable. Receipt of a valid Business License is a receipt for applying and paying for a business license and must be posted in the place of business. I must notify the Tax Collector of any change in location, ownership, business, name, and/or termination of business. I must pay Business License fees annually upon expiration of my Business License. The Tax Collectors office is not required to issue renewal notices. The issuance of a Business License does not constitute a license to operate. All clearances and/or permits for all El Dorado County departments must be obtained, and I must comply with all other ordinances and/or laws.

Under Business and Professions Code 16000.2, you are hereby notified that Section 118600 of the Health and Safety Code requires all single-user toilet facilities in any business establishment, place of public accommodation, or government agency to be identified as all-gender toilet facilities on compliant signage.

It is the responsibility of all business owners to identify and obtain all special permits and approvals required by federal, state or county regulations. It is also the responsibility of the business/enterprise owners to comply with all county building and zoning regulations. Failure to do so may invalidate your right to do business in this county and in addition may subject you to penalties and legal sanctions.

I declare, under penalty of perjury, that the information contained in this application is true and correct, and that all required licenses are in full force and effect and will be kept in full force and effect until the business closes or is sold.

Print Name Position with Company
Signature Date

FOR STAFF USE ONLY

General Plan Designation: Zoning Designation: Use Type:

Table with 5 columns: Department, Approved, Denied, Signature, Date. Rows include Planning, Building, Environmental Health, Agriculture, Sheriff, Fire District, and Other.

License approved for:

Notes:

Finalized by:

MAKE CHECKS PAYABLE TO: K. E. COLEMAN, MBA
Treasurer-Tax Collector
360 Fair Lane, Placerville, CA 95667-4197

Pay online at: edcgov.us/Government/TaxCollector
Fees apply for debit/credit card and echeck payments.