



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Do not publish our business information within the new business or active listings Home-Based Business: if yes, residential address must be listed as the Business Address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

Business Phone _____ Street Address _____ City _____ State _____ Zip _____
FAX # _____ Email _____

Parcel # _____ - _____ - _____ 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): _____ CA Seller's Permit #: _____ VHR Permit #: _____

Required Licenses/Permits/Certifications:
 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/Home.aspx

The Department of Rehabilitation at www.rehab.cahwnet.gov

The California Commission on Disability Access at www.cdda.ca.gov

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.

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: _____

Department	Approved	Denied	Signature	Date
Planning				
Building				
Environmental Health				
Agriculture				
Sheriff				
Fire District				
Other:				

License approved for: _____

Notes:

Finalized by: _____

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

MAKE CHECKS PAYABLE TO:

K. E. COLEMAN, MBA
Treasurer-Tax Collector
360 Fair Lane, Placerville, CA 95667-4197