



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

- Input fields for New Business, Ownership Change, Business Location Change, Mailing Address Change, Secondary License

- Do not publish our business information... 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
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): CA Seller's Permit #: VHR Permit #:

Required Licenses/Permits/Certifications:

- Contractors # Firearms # Home Care # Child Care #

Other Required License: Name License #

Table with 6 columns: 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)

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/](http://www.dgs.ca.gov/dsa/)

The Department of Rehabilitation at [www.dor.ca.gov/](http://www.dor.ca.gov/)

The California Commission on Disability Access at [www.dgs.ca.gov/CCDA](http://www.dgs.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.

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](http://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