

# CITY OF DORRIS BUSINESS LICENSE APPLICATION

Today's Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ EIN/SocSec# \_\_\_\_\_

Residence Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Location: \_\_\_\_\_

DBA (Business Name): \_\_\_\_\_

Type of Bus. / Activity: \_\_\_\_\_

Professional License #; Resale #; Etc.: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (B) \_\_\_\_\_

Worker's Comp. Policy Copy: \_\_\_\_\_  
(Labor Code 3711) If no employees, sign waiver below\*

**SIGNATURE:** \_\_\_\_\_  
(SIGNATURE REQUIRED)

**\*If no employees:** I certify that in the performance of work or profession for which this license is issued I shall not employ any person in any manner so as to become subject to the Workers Compensation laws of CA.

**NOTE:** Failure to comply with the provisions of CA Labor Code, Section 3700, voids this license.

**\*SIGNATURE:** \_\_\_\_\_

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## FOR CITY USE ONLY

ISSUE A LICENSE ONLY IF THE FOLLOWING IS COMPLETED AND IS IN COMPLIANCE WITH CITY ZONING GUIDELINES;

Proposed location ZONING: \_\_\_\_\_

Approval: Building Inspector: \_\_\_\_\_ Planning: \_\_\_\_\_ Public Works: \_\_\_\_\_

Certificate of 'No Employees': Signed \_\_\_\_ Yes \_\_\_\_ No

**TOTAL FEES \$** \_\_\_\_\_ **Check #:** \_\_\_\_\_ **OR** Cash Received by: \_\_\_\_\_

License: \_\_\_\_\_  
(Number) (Date issued)