CITY OF TULELAKE 591 Main Street P. O. Box 847, Tulelake, CA 96134 Phone 530-667-5522 - FAX 530-667-5351 <u>cityoftulelake@cot.net</u> Business License Application	
Application is hereby made by the undersigned in accordance with the provisions of ordinances of the City of Tulelake as follows:	
To save you some time, if all information regarding your business is unchanged, and you have an application on file with us, please check this box, indicate your business name, sign the application & return it with your payment:	
Information for your business license will be taken directly from this application. Please make sure spelling is correct and the application is legible.	
Date:	List your Business/Profession/Occupation:
Business Name: Business Physical Address: City, State, Zip:	Comments:
Business Mailing Address: City, State, Zip: Business Phone:	Business License Fee Due: \$42.00 Please make a separate check payable to City of Tulelake. <u>Do not</u> include with your utility payment. Thank you!
Applicant/Owner Name: Mailing Address: City, State, Zip: Applicant Phone:	NOTE: You may be subject to administrative civil fines (up to \$500) for operating a business without a business license
For Landlords: No. Residential Rental Units: No. Commercial Rental Units: For businesses with buildings within the City limits:	Amount Paid:
In the event of a building emergency, call: Name: Phone:	Date Received: Reference:
By signing this application, I declare under the penalties of perjury that the information given on this application has been examined by me and to the best of my knowledge and belief is true, correct, and complete, and I understand that the issuance of a license shall not entitle me to engage in any business which is in violation of any law.	
Signed:	
Date: Title:	