



**CITY OF TULELAKE**  
**Business License Application**  
 PO Box 847, 591 Main Street  
 Tulelake, CA 96134

<b>For Office Use Only</b>	
Business License No.:	_____
Amount Paid:	_____
Date Received:	_____
Reference:	_____

Phone: 530-667-5522 \* Fax: 530-667-5351 \* Email: cityoftulelake@cot.net \* Website: www.cityoftulelake.com

*Information for your business license will be taken directly from this application. Please make sure spelling is correct and the application is legible.*

City of Tulelake Municipal Code Title 5: 05.04 - 05.20 requires anyone conducting business within the City of Tulelake to be licensed.

Date: \_\_\_\_\_

**Applicant/Owner Name:** \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_

**Business Name:** \_\_\_\_\_

Business Physical Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Applicant Phone: \_\_\_\_\_

**Name of Owner:** \_\_\_\_\_  
 (If different from above)

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

**If the applicant is a partnership, corporation or other association, list the names and addresses of all partners on a separate piece of paper.**

<b>For Landlords:</b>
No. Residential Rental Units: _____
No. Commercial Rental Units: _____

**Business License Fee Due: \$42.00**  
 Please make a separate check payable to City of Tulelake. Do not include with your utility payment. Thank you!  
  
*NOTE: You may be subject to administrative civil fines (up to \$500) for operating a business without a business license.*

List your Business Name, Profession or Occupation below:  
 (This will appear on your business license)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

For businesses with buildings within the City limits: ♦ In the event of a building emergency, call:  Name: _____ Phone: _____
---

**Will the applicant have any hazardous substances, as described in 15 USC Section 2601 and the Health & Safety Code § 25100, on the premises?** \_\_\_\_\_

By signing this application, I declare under the penalties of perjury that the information given on this application is true, correct, and complete to the best of my knowledge and belief. I certify that I will comply with all applicable Federal and State laws as well as all ordinances of the City of Tulelake. I understand that the issuance of a license shall not entitle me to engage in any business which is in violation of any county, state or federal law.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_ Title: \_\_\_\_\_