

**APPLICATION FOR MENDOCINO COUNTY BUSINESS LICENSE AND CERTIFICATE OF  
REGISTRATION FOR COLLECTION OF TRANSIENT OCCUPANCY TAX PER  
ORDINANCES NO. 4200 AND NO. 4024**

Business Owner(s) Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Business Name (DBA): \_\_\_\_\_ Phone #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Assessor's Parcel Number: \_\_\_\_\_ Contractor's License #: \_\_\_\_\_  
Business Owner(s) Residence Address (If other than business): \_\_\_\_\_  
Property Owner(s) Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Business Operator (If other than business owner): Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_

**TYPE OF BUSINESS:** Retail/Service: \_\_\_\_\_ Wholesale: \_\_\_\_\_ Food Facility: \_\_\_\_\_ Motel/Hotel/Rental: \_\_\_\_\_  
Contractor: \_\_\_\_\_ Itinerant/Junk/Ect: \_\_\_\_\_ Multiple-Sellers: \_\_\_\_\_ Other: \_\_\_\_\_  
Type of Merchandise to be Sold: \_\_\_\_\_  
Type of Service to be Rendered: \_\_\_\_\_

**DESCRIPTION OF PROPOSED BUSINESS:** \_\_\_\_\_

Estimated Value of Equipment (exclude licensed vehicles): \_\_\_\_\_  
Is this a New Business? \_\_\_\_\_ or an Existing Business? \_\_\_\_\_ Starting Date of Business: \_\_\_\_\_  
Was there a Previous Business at this Location? \_\_\_\_\_ If so, Type of Previous Business: \_\_\_\_\_  
Previous Business Name: \_\_\_\_\_ Previous Owner(s) Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Date closed: \_\_\_\_\_

**BUSINESS TO BE CONDUCTED:**

1. Home: \_\_\_\_\_ Garage/Shop/Accessory Structure: \_\_\_\_\_ Commercial Structure: \_\_\_\_\_
2. If use is to provide lodging, give number of rooms or units: \_\_\_\_\_
3. Floor area (sq. ft) to be used for this business: \_\_\_\_\_
4. Number of employees (other than family members): \_\_\_\_\_
5. Items to be used in this business (equipment, tools, and chemicals): \_\_\_\_\_
6. Storage location of supplies, equipment, vehicles, ect.: \_\_\_\_\_

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

**CERTIFICATE OF APPROVAL**

N/A \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Planning

Receipt # \_\_\_\_\_

Building Services

Application Cleared: Yes or No

Application Cleared: Yes or No

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

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

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

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