



**NEW BUSINESS LICENSE
APPLICATION**

PLEASE PRINT OR TYPE

BUSINESS ACTIVITY INFORMATION					
LEGAL OWNER ENTITY NAME (OWNER NAME, CORPORATION NAME IF DIFFERENT FROM DBA)				FIRST DAY OF BUSINESS IN VENTURA	
FICTITIOUS BUSINESS NAME (DBA NAME USED TO IDENTIFY YOUR BUSINESS)				TYPE OF OWNERSHIP	
BUSINESS PHONE NO. () ()		OWNER/CORPORATION PHONE NO. () ()		<input type="checkbox"/> SOLE <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> TRUST <input type="checkbox"/> LLC <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER _____	
STATE CERT/LICENSE NO.	EXP. DATE	FEDERAL ID NO.	STATE EMPLOYER ID NO.	BOARD OF EQUALIZATION (RESALE NO.)	NO. OF EMPLOYEES
BUSINESS DESCRIPTION					
BUSINESS LOCATION ADDRESS (CANNOT BE A P. O. BOX)				SQ. FT. (COMMERCIAL LOCATION)	
MAILING ADDRESS (WHERE YOU WANT US TO MAIL THE BUSINESS TAX CERTIFICATE OR OTHER CORRESPONDENCE)					
OWNER/CORPORATION ADDRESS (STREET NAME AND NO., SUITE NO., CITY, STATE, ZIP CODE)					
IF CORPORATION: NAME/ADDRESS TO RECEIVE LEGAL DOCUMENTS					

CONTACT INFORMATION				
OWNER OR CORPORATE OFFICERS' NAME & TITLE (STATE CONTRACTOR, SEE BELOW) *	RELATIONSHIP TO COMPANY	SOCIAL SECURITY NO.	CA DRIVER'S LICENSE	DATE OF BIRTH
1)				
2)				
3)				
*STATE CONTRACTOR LICENSE NO.	CLASS TYPE (1)	CLASS TYPE (2)	CLASS TYPE (3)	
CONTACT E-MAIL ADDRESS				

CHECK ALL THAT APPLY	
<input type="checkbox"/> HOME BASED BUSINESS (ZONING RESTRICTIONS APPLY) <input type="checkbox"/> BUSINESS SELLS ALCOHOL (USE PERMIT IS REQUIRED) <input type="checkbox"/> USE OR STORE CHEMICAL OR HAZARDOUS MATERIALS <input type="checkbox"/> OTHER _____	<input type="checkbox"/> COMMERCIAL LOCATION (FIRE CLEARANCE INSPECTION IS REQUIRED) <input type="checkbox"/> BUSINESS HAS ENTERTAINMENT (USE PERMIT IS REQUIRED) <input type="checkbox"/> I AM NEW TO THE VENTURA BUSINESS COMMUNITY AND WOULD LIKE ADDITIONAL INFORMATION ABOUT THE CITY AND OTHER LOCAL SERVICES

OWNER OR CORPORATE OFFICERS

Sec. 4.155.230 requires that the business license application shall contain the Federal employer ID number, driver's license number and date of birth of all owners, partners, or officers of the corporation. Provide an additional sheet as necessary.

OWNERS RESPONSIBILITIES

It is the business owner's responsibility to notify the license office immediately, if there are any changes to the business license information submitted on this application to the city. Business license tax is paid for the fiscal year July 1 through June 30. It is the business owner's responsibility to renew the business license tax each fiscal year regardless of whether or not a renewal notice from the collector is received. Sec. 4.155.270.

RIGHT TO PROTEST

Pursuant to Section 4.155.710 of the SBMC, to challenge the validity of the tax amount or business classification, a written protest must accompany payment.

PLEASE CALCULATE YOUR BUSINESS LICENSE TAX ON THE REVERSE SIDE OF THIS APPLICATION FORM.

