



EL DORADO COUNTY

BUSINESS LICENSE APPLICATION

TREASURER – TAX COLLECTOR
SEAN M. COPPOLA, CTP

360 Fair Lane, Placerville, CA 95667
(530) 621-5800 | buslic@edcgov.us

ORDINANCE 5.08.010

BUSINESS LOCATION & OWNER(S) INFORMATION

☐ New Business ☐ Ownership Change ☐ Business Location Change ☐ Mailing Address Change ☐ Secondary License

☐ Do not publish business info in the new business or active listings ☐ Home-Based Business: if yes, residential address must be listed as the Business Address and Home-Based Business Checklist required.

☐ Check if DBA Recorded, *if* Owners name not included in business name **Business License Name:** _____
Business Location (No P.O. Box #) _____

Street Address _____ City _____ State _____ Zip _____
Business Phone _____ Cell No. _____ Email _____
Assessment # _____ Zoning: ☐ Residential ☐ Commercial/Industrial Website _____
Address where owner consents to receive process: _____
Mailing Address: _____ Street Address _____ City _____ State _____ Zip _____

Street Address _____ City _____ State _____ Zip _____
Application is for a ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ LLP ☐ LLC ☐ S-Corp ☐ Trust ☐ Non-Profit Org ☐ Vet Owned

Name (Sole Proprietor, Partner, Officer) _____ Title _____ Phone _____ Email _____
Address (Street, City, State, Zip) _____

Name (Partner, Officer) _____ Title _____ Phone _____ Email _____
Address (Street, City, State, Zip) _____

Name (Partner, Officer) _____ Title _____ Phone _____ Email _____
Address (Street, City, State, Zip) _____

Name (Partner, Officer) _____ Title _____ Phone _____ Email _____
Address (Street, City, State, Zip) _____

Owner/Management Company to notify in case of an emergency: _____
Business phone # M-F, 9:00 am to 5:00 pm: _____ After hours phone #: _____
Alarm company name (if applicable): _____ Phone #: _____

BUSINESS INFORMATION

Business Start Date (in El Dorado County): _____ CA Seller's Permit #: _____ VHR Permit #: _____
Required Licenses/Permits/Certifications: ☐ Contractors # _____ ☐ Firearms # _____ ☐ Home Care # _____ ☐ Child Care # _____
☐ Other Required License: Name _____ License # _____

State Water Resources Control Board Certificates Copy Required	Waste Discharger Id # (WDID)	WDID Application #	SIC # (Required)	Notice of Nonapplicability Id # (NONA)	No Exposure Certificate Id # (NEC)
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Is this a Home-Based Business? ☐ Yes ☒ No If Yes, Answer the questions on the Home Based Business Check List.
Is this a Short-Term Rental? ☐ Yes ☐ No Date began renting: _____ # units _____ ☐ Home ☐ Room ☐ Other _____
Contact: _____ Phone: _____
Advertising Source(s): _____

Cannabis Operation: ☐ Yes ☐ No CA Bureau of Cannabis Control License #: _____ CA Department of Public Health Certificate #: _____
Manufactured Cannabis Safety Branch License #: _____ EDC Use Permit #: _____
EDC Operating Permit #: _____ for the following business category: ☐ Retailer ☐ Nursery
☐ Cultivation Outdoor ☐ Cultivation Mixed Light ☐ Cultivation Indoor ☐ Manufacturing Level 1 ☐ Manufacturing Level 2
☐ Distribution ☐ Testing Lab ☐ Temporary Cannabis Event ☐ Delivery
Name of Company or Individual filing Tax Return: _____ Contact: _____
Address: _____ Phone #: _____
Email: _____ Advertising Source(s): _____

CA Bureau of Cannabis Control licenses medical & adult-use cannabis, retailers, distributors, testing labs, microbusinesses, & temporary cannabis events.
CA Dept. of Public Health Manufactured Cannabis Safety Branch licenses all Manufacturing operations.

AUTHORIZATION SIGNATURES

I understand that:

Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:

The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx

The Department of Rehabilitation at www.rehab.cahwnet.gov

The California Commission on Disability Access at www.ccda.ga.gov

The taxes are paid annually in advance and are not refundable. Receipt of a valid Business License is a receipt for applying and paying for a business license and must be posted in the place of business. I must notify the Tax Collector of any change in location, ownership, business, name, and/or termination of business. I must pay Business License fees annually upon expiration of my Business License. The Tax Collectors office is not required to issue renewal notices. The issuance of a Business License does not constitute a license to operate. All clearances and/or permits for all El Dorado County departments must be obtained, and I must comply with all other ordinances and/or laws.

It is the responsibility of all business owners to identify and obtain all special permits and approvals required by federal, state or county regulations. It is also the responsibility of the business/enterprise owners to comply with all county building and zoning regulations. Failure to do so may invalidate your right to do business in this county and in addition may subject you to penalties and legal sanctions.

I declare, under penalty of perjury, that the information contained in this application is true and correct, and that all required licenses are in full force and effect and will be kept in full force and effect until the business closes or is sold.

Print Name

Position with Company

Signature

Date

Description of Business Activity:

MAKE CHECKS PAYABLE TO:

SEAN M. COPPOLA, CTP
Treasurer-Tax Collector
360 Fair Lane, Placerville, CA 95667-4197