



# City of Grass Valley

## Business Support Center

Phone: 888-602-0239 • F.A.X: 909-348-0465  
Mailing Address: 8839 N. Cedar Ave #212 • Fresno, CA 93720-1832  
Apply Online Today At: <http://grassvalley.hdlgov.com>

### OFFICIAL USE ONLY

Business License No. \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
NAIC Code \_\_\_\_\_  
License Fee \$ \_\_\_\_\_

## BUSINESS LICENSE APPLICATION

PLEASE TYPE OR PRINT WITH PEN

Business Name \_\_\_\_\_ Bus. Start Date \_\_\_\_\_

Corporate Name (if applicable) \_\_\_\_\_  New Application  Change  Home Occupation

Business Location (Cannot be P.O. Box) \_\_\_\_\_ STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Primary Phone No. \_\_\_\_\_  Business  Cell  Home Alt. No. \_\_\_\_\_  Business  Cell  Home

Mailing Address \_\_\_\_\_ STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Description of Business \_\_\_\_\_

\* Email Address \_\_\_\_\_ \* Federal ID No. \_\_\_\_\_

Ownership  Corporation  Corp-Ltd Liability  Partnership  Sole Proprietor  Trust  Non-Profit

### PERSONAL INFORMATION - Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary)

1st Owner Name \_\_\_\_\_ Title \_\_\_\_\_ \* SSN \_\_\_\_\_

\* Home Address (Cannot be P.O. Box) \_\_\_\_\_ Phone No. \_\_\_\_\_  
Alt. Phone No. \_\_\_\_\_

2nd Owner Name \_\_\_\_\_ Title \_\_\_\_\_ \* SSN \_\_\_\_\_

\* Home Address (Cannot be P.O. Box) \_\_\_\_\_ Phone No. \_\_\_\_\_  
Alt. Phone No. \_\_\_\_\_

### CONTRACTORS - This section is required for all contractors.

Contractor's State License Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

### Please provide any relevant details for your business below. Only account for business conducted within the City of Grass Valley

No. of Employees -include owner(s)- \_\_\_\_\_

Estimated Annual Gross Receipts \_\_\_\_\_

No. of Units \_\_\_\_\_

No. of Square Feet \_\_\_\_\_

\*\*In accordance with the California Child Day Care Facilities Act, small family child care homes are exempt from obtaining a business license.

### PLEASE READ AND SIGN THE STATEMENT BELOW

All City of Grass Valley businesses and property owners with encroachments in/over the City right of way (including balconies, awnings, signs overhanging the sidewalk; news/magazine racks; planters and/or other decorative items on the City sidewalk), are required to obtain, and renew annually, their long-term Encroachment Permit (Municipal code 12.48.160).

If you have any encroachments in the City right of way, by signing this business license application, you are agreeing to provide to the City evidence of general liability insurance. This insurance should be in an amount not less than \$1,000,000 with an endorsement naming the City of Grass Valley as additional insured for your business or property. Your business license certificate and your evidence of insurance will constitute your permission to encroach.

I certify under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

Title \_\_\_\_\_ Application Date \_\_\_\_\_

*Thank you for doing business in the City of Grass Valley!*

**RETURN APPLICATION BY MAIL TO:**  
**City of Grass Valley – Business Licensing**  
**8839 N. Cedar Ave #212**  
**Fresno, CA 93720-1832**

**SCAN & RETURN APPLICATION BY E-MAIL TO:**  
[support@hdlgov.com](mailto:support@hdlgov.com)

NOTICE: 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](http://www.dgs.ca.gov/dsa/Home.aspx)

The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov)

The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov)