

Business License Application

City of California City
21000 Hacienda Blvd
California City, CA 93505
cityclerk@californiacity-ca.gov
760-373-7140



License # _____
Approved by _____
Processed by _____
Processed On _____

Name of Business _____ Business Owner(s) Name _____
Business Address _____ Mailing Address _____
Business Phone # _____ Email Address _____
Nature of Business _____ Planned Business Begin Date _____
Have you had a license for this business in the past? Yes No
Do you own or rent the space Own Rent (If rent, building owner/landlord)
Will the business have Annual Gross Income of \$10,000 or more? Yes No
Business Emergency Contact: Name _____ Phone Number _____

State/County Licensing Information:

Seller's Permit # _____ ABC License # _____
(Required for Alcohol & Liquor Sales)
Health Certificate # _____
(Required for Food Services – attach copy)

Contractors:

State License # _____ Expiration Date _____
State License Type _____
(Required for Contractors)

Commercial Business & Fire Life Safety Inspection for Local Businesses:

Inspection _____ Required Annually
Date _____

See the California City Master Fee Schedule on our website. [Click here for cost of fees.](#)

By signing below, I certify under penalty of perjury that the foregoing information is true and correct. I agree to all of the terms of the City of California City business license requirements. I comply with the relevant state and county license requirements for my business and am aware that the City of California City business license does not cover state and county license requirements for my business.

Signature _____ Date _____

Printed Name _____