



Town of Apple Valley

14955 Dale Evans Parkway
Apple Valley, CA 92307 (760) 240-7000 ext. 7707
Hours: M-TH 7:30 am - 5:30 pm F 7:30 am - 4:30 pm Closed Alternate Fridays

OFFICIAL USE ONLY

Business License # _____

BUSINESS LICENSE APPLICATION

Planning Approval _____ Date _____ Conditions of Approval _____

Building Approval _____ Date _____ Conditions of Approval _____

Business Name _____ Bus. Start Date _____

Corporate Name _____ Fictitious Name No. _____
(if applicable)

Business Location _____ Resale No. _____
(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)

Mailing Address _____ State ID No. _____

State Lic. No. _____

Phone No. _____ Fax No. _____ State Lic. Type _____

Description of Business _____ Expire Date _____

Ownership Corporation Corp-Ltd Liability Partnership Sole Proprietor Trust Email Address _____

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

Per AB 2184, you may protect your residential address by providing a different Service of Process address in accordance with Sections 16000.1(a)(2) and 16100.1(a)(2) of the Business and Professions Code. To do so, please fill out the section on the bottom of this form.

1st Owner Name _____ Title _____ Date of Birth _____

Home Address _____ Driver Lic. No. _____
(Cannot be P.O. Box)

SSN/ITIN _____
(When other form of ID is not available)

Home Phone No. _____ Cell / Pager No. _____

2nd Owner Name _____ Title _____ Date of Birth _____

Home Address _____ Driver Lic. No. _____
(Cannot be P.O. Box)

SSN/ITIN _____

Home Phone No. _____ Cell / Pager No. _____
(When other form of ID is not available)

In case of emergency, please contact (PLEASE LIST ONLY THE PEOPLE WHO ARE ABLE TO RESPOND, WITH A KEY, WITHIN 30 MINUTES)

Contact Name _____ Title _____ Phone No. _____

Address _____ Cell / Pager No. _____

Alarm Company, if applicable

Company Name _____ License No. _____

Address _____ Phone No. _____

Property Owner Property Management, if applicable

Name _____ Title _____ Phone No. _____

Address _____

SERVICE OF PROCESS ADDRESS, PURSUANT TO AB 2184 - AVAILABLE FOR PUBLIC INSPECTION

If you wish to protect your residential address with a different service of process address, please provide it here.

NOTE - if your service of process address is a post office box or private mailbox, it must comply with paragraph (2) of subdivision (b) of Section 17538.5 of the California Business and Professions Code.

Service of Process Address _____

Residential Address to protect Business Location Mailing Address Owner/Partner/Officer Address



Town of Apple Valley

Business License Declaration

Town of Apple Valley

Planning Review. Individuals interested in starting a business within the Town of Apple Valley (the Town) should discuss their business/activity with a member of the Planning Division at (760) 240-7000, Extension 7200

Certificate of Occupancy. A Certificate of Occupancy (C of O) is required for all buildings and structures used whether being used for private use or occupied by a business in the Town of Apple Valley. Change of name, use or ownership will require a new C of O. If you have any questions, please contact the building and safety department at (760) 240-7000, Extension 7014.

Worker's Compensation Statement. I understand that under California law, I know that even if I don't have employees right now, I will be required to get workers' compensation coverage as soon as I have one or more employees. I am required to carry workers' compensation insurance for my employees at all times. I further understand that my failure to have the appropriate coverage will subject me to civil penalties of \$10,000 per employee who is not covered by worker's compensation AND criminal penalties of up to one year in jail and/or a fine of up to \$10,000.

By signing my name below, I certify that I have read the above information and understand its contents, I acknowledge that it is the obligation, responsibility, and duty of this company applying to ensure compliance with all applicable federal, state, and local laws. I acknowledge, if it is determined by the Town that the business does not comply with all applicable federal, state and city laws, the business license may be revoked by the Town. It is also acknowledged that any false statements made on the Business License Application are grounds for denial or revocation of the business license.

I declare, under penalty of perjury under the laws of the State of California, that the information provided in this application is true and correct. This business license constitutes a receipt for the license fee and/or tax paid and shall have no other legal effect. The issuance of a business license shall not be deemed or construed to be a permit to conduct or continue an illegal act or unlawful business prohibited by law or requiring other approvals, which have not yet been obtained.

LICENSE TAX SCHEDULE

NOTE: All Business License fees are non-refundable (Apple Valley Municipal Code §5.02.090).

DELINQUENT FEES: The Town of Apple Valley Municipal Code §5.02.150 requires a penalty for late renewal of 25% of the renewal fee, assessed on the first day of each month after the license expires, to a maximum of three (3) times the renewal fee.

To calculate fee due, please add together the total number of all Owners and the total number of all Employees, using schedule below, and enter the totals in the boxes below and sign.

Combine 01-05 Owners and Employees	=	\$ 54.00	No. of Owners	_____
Combine 06-10 Owners and Employees	=	\$ 79.00		
Combine 11-15 Owners and Employees	=	\$ 104.00	No. of Employees	_____
Combine 16-20 Owners and Employees	=	\$ 154.00		
Combine 21 + Owners and Employees	=	\$ 204.00	Total	_____

Enter & add together the total number of all owners and employees, then use the schedule provided above to calculate the fee due.

Massage Therapy (1 licensed individual) = \$ 122.75 Total of Tax Due _____

Must possess ABMP (certified) or NCTMB certification

It is acknowledged by the undersigned that if it is determined by the Town that the business does not comply with all applicable federal, state and local laws, the business license may be revoked by the Town. It is also acknowledged that any false statements made on the Business License Application are grounds for denial or revocation of the business license. I declare, under penalty of perjury under the laws of the State of California, that the information provided in this application is true and correct. This business license constitutes a receipt for the license fee and/or tax paid and shall have no other legal effect. Neither the payment of fees and/or taxes nor the possession of the business license permits or allows doing any act which would not be otherwise allowed by other code provisions or statutes. The issuance of a business license shall not be deemed or construed to be a permit to conduct or continue an illegal act or unlawful business prohibited by law or requiring other approvals which have not yet been obtained.

Signature of Applicant: _____ **Date:** _____

Print Name: _____

MAKE CHECK PAYABLE TO THE TOWN OF APPLE VALLEY AND RETURN TO
14955 DALE EVANS PKWY. APPLE VALLEY, CA 92307