

- Tax Collector Use Only
- New Application
  - Owner - Add / Remove
  - Mailing Address Change
  - Location Change
  - Renewal (Timely) & Location Change
  - Renewal (Late) & Location Change
  - Reinstate Cancelled BL (same year)
  - Business Name Change
  - Business Type Add/Change

## CALAVERAS COUNTY TREASURER – TAX COLLECTOR

### APPLICATION FOR BUSINESS LICENSE

891 Mountain Ranch Rd – San Andreas CA 95249  
 PH# 209-754-6350 – Fax# 209-754-6355  
[www.co.calaveras.ca.us/us/cc/FormsDocs.aspx](http://www.co.calaveras.ca.us/us/cc/FormsDocs.aspx)

Tax Collector  
 Official Use Only  
 Business License #  
 \_\_\_\_\_

All information submitted below becomes public record. The undersigned agrees to hold the County harmless and waives all claims, suits, and demands on the county and its officers and employees in connection with the release of the completed form under a Public Records Act request or any other release authorized by law.

Yes  No – Disclosure will result in a competitive disadvantage  
 By checking “yes”, the undersigned agrees disclosure will result in a competitive disadvantage.

Assessor’s Use Only  
 \_\_\_\_\_  
 APN  
 Out of County

COMPANY NAME \_\_\_\_\_ BUSINESS PH# \_\_\_\_\_

FICTITIOUS COMPANY NAME \_\_\_\_\_ BUSINESS FAX# \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

▷ BUSINESS BASE  HOME-BASED NON-MOBILE  HOME-BASED MOBILE  STORE/COMMERCIAL  OTHER \_\_\_\_\_

▷ OWNERSHIP TYPE  SOLE PROPRIETORSHIP  PARTNERSHIP  CORPORATION/LLC  TRUST

OWNER’S NAME \_\_\_\_\_ HOME PH# \_\_\_\_\_

CO-OWNER’S NAME \_\_\_\_\_ HOME PH# \_\_\_\_\_

CORP/LLC PRES \_\_\_\_\_ VP \_\_\_\_\_ SEC/TREAS \_\_\_\_\_

▷  NON-PROFIT PROVIDE 501(c)(3)  VETERAN PROVIDE DD-214 (FOR A FEE EXEMPT BUSINESS LICENSE)

▷  IF FIREARMS DEALER PROVIDE: CURRENT FFL / CURRENT COE / VALID SELLERS PERMIT

▷ IF CONTRACTOR: STATE LICENSE NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

**X** \_\_\_\_\_  
 OWNER’S SIGNATURE

\_\_\_\_\_  
 DATE

**YOU must visit the first three departments in the order listed to obtain approvals. (Tax Collector will advise which additional approvals may be required.)**

#1 Assessor	#2 Planning	#3 Building	Sheriff	Env. Health	Agriculture	FIRE Murphys / Ebbetts Pass / County
Mandatory	Mandatory	Mandatory				

**ALL DEPARTMENTS: PLEASE DO NOT ADD NOTES ON THIS FORM.**

TAX COLLECTOR USE ONLY	FEE SCHEDULE	FEE EXEMPT
_____ Initials	\$75.00 New Business License (Jan-Sep)	NC Veterans (non corp/LLC) or Non-Profit
	\$81.25 New Business License (Oct-Dec)	NC Add Owner/Partner
	\$15.00 Chain Installer (New/Renew)	NC Remove Owner – Requires letter from Owner and a completed & signed application from prior Co-Owner
	\$50.00 Location Change	NC Remove Co-Owner – Nothing additional required
	\$25.00 Renewal – Timely	NC Type Change
	\$41.00 Renewal – Late	NC Business Name Change
	\$75.00 Renewal – Timely & Loc Change	NC Mailing Address Change
	\$91.00 Renewal – Late & Loc Change	
	\$91.00 Reinstate – Same Year	