

Business License Application

Is th	nis a new business? Yes	_ No Busines	ss Type:			
Ass	essor's Parcel Number:					
Bus	iness Name:					
Bus	iness Address:	····				
Bus	iness Owner's Name:					
Pho	ne # and Email Address					
	cription of Business Practices:					
	•					
MO	ve-In Date for this Location:					
	e of Business License Applied For (Coccupancy inspections are \$234.00)		☐ New Commercial Location☐ Shared Business Space☐ Mailbox Location Only	☐ Ownership		;
PLE	ASE EXPLAIN ANY "YES" ANSW	/ERS IN THE A				
	Is the business changing locations within Cameron Park? If yes, what was the previous address?: Is the business taking over more than one suite? If yes, list the suite numbers here:				es es	
3.	Are you expecting an occupant load over 50 people? Explain:			Y	es	No
4.	Will merchandise be stacked in excess of 12 feet high? Explain:			Y	es	No
5.	Will any special equipment be installed or used? Explain:			Y	es	No
6.	Will any hazardous production materials or chemicals be used or stored? Explain:			Y	es	No
7.	Will welding/cutting be done or any compressed gases be used or stored? Explain:			Y	es	No
8.	Will any explosives or blasting agents be used or stored on the premises? Explain:			Y	es	No
9.	Have any modifications been made to the suite/building? Explain:			Y	es	No
10.	Will there be any modifications made to the suite/building in the future? Explain:			Y	es	No
11.	Do you have an active building permit on file for this location?			Y		
-	rigning below, I affirm that the abo	ove informatio	on is correct and agree to the j			