

NOTE: Any change in ownership or address requires a new application.

BUSINESS LICENSE APPLICATION

CITY OF EXETER
 P.O. Box 237
 Exeter, CA 93221
 592-3710

SALES TAX # _____

FOR CITY USE ONLY

(Please Print or Type)

Firm Name _____

Location Address _____ ZIP _____

Billing Address _____ ZIP _____

Type of Business _____

Type of Organization: Single Owner Partnership Corp. _____ Estimated Monthly Gross Receipts _____

Owner(s) Name _____ Home Address _____

Owner(s) Name _____ Home Address _____

Home Phone _____ Business Phone _____

Date of Commencement of Business with EXETER _____ Date Closed _____

I hereby certify under penalty of perjury that the above information is true and correct to the best of my knowledge and belief.

OFFICE USE

Received this _____ day of _____ 20_____

Director of Finance By: _____

OFFICE USE

(AUTHORIZED SIGNATURE)

	DATE	FOR CITY USE ONLY REMARKS	TYPE LICENSE	AMOUNT
<input type="checkbox"/> INSPECTION DIV.	DATE		REGULAR	
<input type="checkbox"/> FIRE	DATE			
<input type="checkbox"/> PLANNING DEPT.	DATE		DOWNTOWN %	
<input type="checkbox"/> POLICE DEPT.	DATE			
<input type="checkbox"/> OTHER	DATE		TOTAL	
	DATE			
PLANNING DEPT.		FIRE DEPT.	POLICE	CLASS OF BLDG.
ZONE CLASSIFICATION		FIRE ZONE DISTRICT	AREA / NEIGHBORHOOD	APN.
Classification Code		Category Code	FID#	