

Business License Application



City of Redding
 City Clerk - Third Floor
 777 Cypress Avenue
 PO BOX 496071
 Redding, CA 96049

ACCOUNT NUMBER	CLASSIFICATION
TYPE OF BUSINESS	
OWNERSHIP SINGLE OWNER <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> TRUST <input type="checkbox"/> LLC <input type="checkbox"/>	
NEW <input type="checkbox"/>	RENEWAL <input type="checkbox"/>
LICENSE PERIOD October 12 & 13, 2019	

NAME OF BUSINESS
BUSINESS LOCATION ADDRESS Big League Dreams, 20155 Viking Way, Redding, CA

NAME OF OWNER AND BUSINESS MAILING ADDRESS

STATE MANDATED ADA DISCLOSURE AND FEE
 Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:
[Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx](http://www.dgs.ca.gov/dsa/Home.aspx)
[Department of Rehabilitation at www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov)
[California Commission on Disability Access at www.cdda.ca.gov](http://www.cdda.ca.gov)

RETAIL AND WHOLESALE SALES & MISCELLANEOUS

1. ANNUAL BASE RATE \$ ~~XXXXX~~

_____ First 4 employees @ \$8.00 each \$ _____

_____ Remaining employees @ \$4.00 each \$ _____

TOTAL AMOUNT \$ 16.50

CONTRACTORS • SUBCONTRACTORS • BUILDERS

4. \$90.00 PER ANNUM OR \$30.00 PER QUARTER \$ _____

HOTELS • MOTELS • HOUSES • APARTMENTS

5. **ASSISTED LIVING • MOBILE HOME PARKS**
 _____ \$5.00 PER UNIT PER ANNUM _____

BUSINESS OTHER THAN ABOVE

6. **CALL THE CLERK'S OFFICE AT 530-225-4056**
 Lessors/Renters Real Property
 Coin Operated Machines, Hospitals, Convalescent Hospitals

Signed Under Penalty of Perjury

Signature: _____

Position/Title: _____

Business Telephone: _____

MANUFACTURING

2. ANNUAL BASE RATE \$ 50.00

_____ First 24 employees @ \$4.00 each \$ _____

_____ Remaining employees @ \$2.00 each \$ _____

TOTAL AMOUNT \$ _____

PROFESSIONAL

3. ANNUAL BASE RATE FOR EACH PROFESSIONAL

MEMBER: \$90.00 X _____ \$ _____

_____ First 8 employees @ \$6.00 each \$ _____

_____ Remaining employees @ \$4.00 each \$ _____

TOTAL AMOUNT \$ _____

CATEGORY CODE (See section at left)	
Total employees/units	_____
BASE FEE	\$16.50
EMPLOYEE/UNIT FEE	_____
SUBTOTAL	_____
PENALTY FEE	_____
STATE ADA FEE	\$4.00
TOTAL FEE	\$20.50

ADDITIONAL INFORMATION REQUIRED BY OUTSIDE AGENCIES
SOCIAL SECURITY / FEDERAL EMPLOYERS I.D. NO. _____
STATE EMPLOYERS I.D. (SEIN) NO. _____
BOARD OF EQUALIZATION SALES TAX ACCOUNT (BEAN) NO. _____
STATE CONTRACTORS LICENSE NO. _____

INFORMATION FOR USE BY POLICE AND FIRE DEPARTMENTS IN CASE OF AN EMERGENCY PLEASE NOTIFY THE PERSON(S) LISTED BELOW:
(PLEASE PRINT)
1. NAME
TELEPHONE
2. NAME
TELEPHONE
FOR OFFICE USE ONLY

CORPORATIONS & PARTNERSHIPS - LIST ALL OFFICERS / PARTNERS / MEMBERS ATTACH ADDITIONAL SHEET IF NECESSARY					
NAME: LAST	FIRST	TITLE	NAME: LAST	FIRST	TITLE
NAME: LAST	FIRST	TITLE	NAME: LAST	FIRST	TITLE