



City of Ridgecrest

Finance Division
 100 W. California Ave · Ridgecrest, CA · 93555
 (760) 499-5020 Fax (760) 499-1520
www.ci.ridgecrest.ca.us

Business License Update Form

For Finance Office Use Only		
Date	Fee Calculations	License Fee:
Home Occupation Permit #		Processing Fee: \$ 21.00
Finance Clerk Initials:		Additional Charges:
Method of Payment:		Total:

Business Name: _____ Business Phone: (____) _____

Business Type: Sole Proprietorship Partnership Corporation Other: _____

	Business Location	Mailing Address (if different)
Street Address/Suite City, State Zip Code ----- E-Mail Address	----- -----	----- -----

Business Description: _____

Starting Date in Ridgecrest: _____ EIN No.: _____

Seller's Permit #: _____ NAICS No.: _____

Information for all Owners, Partners or Corporate Officers

Name: (Last, First, MI)	Position Title: (i.e., Owner, Site Manager)	Home Phone:	Work Phone:
Home Address:		City/State/Zip:	
Social Sec. #: (if no EIN)	Driver's License #:	Date of Birth:	
Name: (Last, First, MI)	Position Title: (i.e., Owner, Site Manager)	Home Phone:	Work Phone:
Home Address:		City/State/Zip:	
Social Sec. #: (if no EIN)	Driver's License #:	Date of Birth:	
Name: (Last, First, MI)	Position Title: (i.e., Owner, Site Manager)	Home Phone:	Work Phone:
Home Address:		City/State/Zip:	
Social Sec. #: (if no EIN)	Driver's License #:	Date of Birth:	

Attach additional sheet of paper for more Owners, Partners, or Corporate Officers (only persons listed above can authorize changes to Business License)

LICENSED CONTRACTORS ONLY:

(R) LICENSED CONTRACTORS: \$66.00 per year for each licensed contractor contracting as an individual, partner, member or employee; \$6.00 per year for each non-licensed employee.

Contractor Must Attach Copy of Workman's Comp. Insurance Certificate if employees. License will NOT be processed without proof of Workman's Comp Insurance.

State Contractor's License #: _____ Expiration Date: _____

Class of Contractor's License: _____ Insurance Policy #: _____

Workman Comp Policy #: _____ Expiration Date: _____

Initial each statement confirming that you have read and understand the statements below:

_____ (initial). All annual business licenses expire on December 31ST. It is the responsibility of the business owner to renew the business license whether a renewal notice is received or not.

_____ (initial). It is the responsibility of the business owner to inform the City of Ridgecrest in writing of any changes affecting your business license. For example, new location or mailing address, change of phone number, ownership, partnerships, number of employees, etc.

_____ (initial). It is the responsibility of the business owner to information the City of Ridgecrest in writing of business closure or of business no longer operating or advertising in the City of Ridgecrest.

_____ (initial). Failure to inform the City of Ridgecrest about changes in your business could result in penalties.

_____ (initial). Incomplete or illegible applications will be returned or held up until clarification can be obtained.

I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS CONTAINED HEREIN ARE CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE. I FURTHER CERTIFY THAT I AM AN AUTHORIZED REPRESENTATIVE OF THE ABOVE REFERENCED BUSINESS AND I HAVE READ AND UNDERSTAND WHAT IS CONTAINED HEREIN.

Signature

Title

Date

ALL ANNUAL BUSINESS LICENSE EXPIRE ON DECEMBER 31ST

Contact Information. If completing this form for the owner, partner(s) or corporate officer(s), please fill out the portion below with the name and number of the person completing this form. It will be used in the event that there is additional information/clarification needed on the business license application form.

Contact Information (Please Print)

Phone Number/Extension

Alternate Phone Number/Extension