



**LIVE OAK** CALIFORNIA

<b>OFFICE USE ONLY</b>
Business License Year: 2026
Business License No: _____
Business License Paid <input type="checkbox"/>
Documents Scanned <input type="checkbox"/>

9955 Live Oak Boulevard • Live Oak, California 95953  
Telephone (530) 695-2112 • Fax (530) 695-2595  
www.liveoakcity.org

**Business License Affidavit**

License Type (Check one):  New Business  Renewal

**BUSINESS INFORMATION**

Business Name (DBA): \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone No: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Federal Tax ID No: \_\_\_\_\_ State Tax ID No: \_\_\_\_\_

Board of Equalization No: \_\_\_\_\_

State Contractors License No: \_\_\_\_\_

**BUSINESS OWNER(S) INFORMATION**

Last Name, First Name \_\_\_\_\_ Last Name, First Name \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Home Phone No: \_\_\_\_\_ Home Phone No: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

**TYPE OF OWNERSHIP: (Please check the appropriate choice)**

- Sole Proprietorship       Partnership       Corporation       Trust

**DO YOU OWN OR RENT YOUR BUSINESS LOCATION? [ ] Rent [ ] Own**

If Renting, Name of Landlord: \_\_\_\_\_

Address of Landlord: \_\_\_\_\_

**DESCRIPTION OF BUSINESS ACTIVITY:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COMPLETE BOTH SIDES OF THE APPLICATION**

