



EL DORADO COUNTY

TREASURER – TAX COLLECTOR
K. E. COLEMAN, MBA | M.ACC.

BUSINESS LICENSE APPLICATION

360 Fair Lane, Placerville, CA 95667
(530) 621-5800 | buslic@edcgov.us

ORDINANCE 5.08.010

BUSINESS LOCATION & OWNER(S) INFORMATION

☐ New Business ☐ Ownership Change ☐ Business Location Change ☐ Mailing Address Change ☐ Secondary License

☐ Do not publish our business information within the new business or active listings

☐ Home-Based Business: if yes, residential address must be listed as the Business Address

☐ Check if DBA Recorded, *if* Owners name not used

Business License Name:

Business Location (No P.O. Box #)

Street Address		City	State	Zip
Business Phone	FAX #	Email		
Assessment#	Zoning:	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial/Industrial	Website
Address where owner consents to receive process:				
Street Address		City	State	Zip
Application is for a	Sole Proprietorship	Partnership	Corporation	LLP
	LLC	S-Corp	Trust	Non-Profit Org
				Vet Owned
Name (Sole Proprietor, Partner, Officer)		Title	Phone	Email
Address (Street, City, State, Zip)				
Name (Partner, Officer)		Title	Phone	Email
Address (Street, City, State, Zip)				
Name (Partner, Officer)		Title	Phone	Email
Address (Street, City, State, Zip)				
Name (Partner, Officer)		Title	Phone	Email
Address (Street, City, State, Zip)				
Name (Management Company)		Title	Phone	Email
Address (Street, City, State, Zip)				
Owner/Management Company to notify in case of an emergency:				
Business phone # M-F, 9:00 am to 5:00 pm:			After hours phone #:	
Alarm company name (if applicable):			Phone #:	

BUSINESS INFORMATION

Description of Business Activity

Business start date (in El Dorado County): Required
Licenses/Permits/Certifications:

CA Seller's Permit #:

VHR Permit #:

☐ Contractors #

Firearms #

Home Care #

Child Care #

☐ Other Required License: Name

License #

State Water Resources Control Board Certificates Copy Required	Waste Discharger Id # (WDID)	WDID Application #	SIC # (Required)	Notice of Nonapplicability Id # (NONA)	No Exposure Certificate Id # (NEC)
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Is this a Home-Based Business? ☐ Yes ☐ No If Yes, answer the questions on the Home Based Business Check List.

Is this a Short-Term Rental? ☐ Yes ☐ No Date began renting: # units ☐ Home ☐ Room ☐ Other

Contact: Phone:

Advertising Source(s):

Cannabis Operation: Yes No

CA Bureau of Cannabis Control License #: CA Department of Public Health Certificate #:

Manufactured Cannabis Safety Branch License #: EDC Use Permit #:

EDC Operating Permit #: for the following business category: ☐ Retailer ☐ Nursery

☐ Cultivation Outdoor ☐ Cultivation Mixed Light ☐ Cultivation Indoor ☐ Manufacturing Level 1 ☐ Manufacturing Level 2

☐ Distribution ☐ Testing Lab ☐ Temporary Cannabis Event ☐ Delivery

Name of Company or Individual filing Tax Return: Contact:

Address: Phone #:

Email: Advertising Source(s):

CA Bureau of Cannabis Control licenses medical & adult-use cannabis, retailers, distributors, testing labs, microbusinesses, & temporary cannabis events.
CA Dept. of Public Health Manufactured Cannabis Safety Branch licenses all Manufacturing operations.

AUTHORIZATION SIGNATURES

I understand that: 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:

The Division of the State Architect at www.dgs.ca.gov/dsa/
The Department of Rehabilitation at www.dor.ca.gov/
The California Commission on Disability Access at www.ccda.ca.gov/CCDA

The taxes are paid annually in advance and are not refundable. Receipt of a valid Business License is a receipt for applying and paying for a business license and must be posted in the place of business. I must notify the Tax Collector of any change in location, ownership, business, name, and/or termination of business. I must pay Business License fees annually upon expiration of my Business License. The Tax Collectors office is not required to issue renewal notices. The issuance of a Business License does not constitute a license to operate. All clearances and/or permits for all El Dorado County departments must be obtained, and I must comply with all other ordinances and/or laws.

Under Business and Professions Code 16000.2, you are hereby notified that Section 118600 of the Health and Safety Code requires all single-user toilet facilities in any business establishment, place of public accommodation, or government agency to be identified as all-gender toilet facilities on compliant signage.

It is the responsibility of all business owners to identify and obtain all special permits and approvals required by federal, state or county regulations. It is also the responsibility of the business/enterprise owners to comply with all county building and zoning regulations. Failure to do so may invalidate your right to do business in this county and in addition may subject you to penalties and legal sanctions.

I declare, under penalty of perjury, that the information contained in this application is true and correct, and that all required licenses are in full force and effect and will be kept in full force and effect until the business closes or is sold.

Print Name Position with Company

Signature Date

FOR STAFF USE ONLY

General Plan Designation: Zoning Designation: Use Type:

Department	Approved	Denied	Signature	Date
Planning				
Building				
Environmental Health				
Agriculture				
Sheriff				
Fire District				
Other:				

License approved for:
Notes:

Finalized by:

Pay online at: www.eldoradocounty.ca.gov
Fees apply for debit/credit card and echeck payments.

MAKE CHECKS PAYABLE TO: K. E. COLEMAN, MBA
Treasurer-Tax Collector
360 Fair Lane, Placerville, CA 95667-4197