



## **2014-2015 BUSINESS LICENSE APPLICATION**

**You received this notice because:**

- You had a City of Trinidad business license last year.
- You have been reported as conducting business within the city limits.
- You operate a known residential or vacation rental unit.

**\*\* Please fill out form completely even if information has not changed. \*\***

**I. General Information**

**Name of Business:** \_\_\_\_\_

**Type of Business:** \_\_\_\_\_

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

**Owner(s) Name and Address:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **Sales Tax ID. No:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**IF YOU ARE NO LONGER DOING BUSINESS IN TRINIDAD  
CALL 707-677-0133 or 707-677-0223**

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**II. Annual License Fee: \$60.00**

**Fees Due by July 31, 2014**

To ensure proper credit, make check payable to: **City of Trinidad**, P.O. Box 390, Trinidad, CA 95570

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**III. Proof of Insurance**

**Name of Company:** \_\_\_\_\_ **Policy No.** \_\_\_\_\_

If answer is none, I certify that in the performance of work for which this license is issued I shall not employ any person in any manner so as to become subject to the worker's compensation laws of California. Note: If after signing the certificate, you hire any employee, you become subject to the workers' compensation provisions of the California Labor Code, and you must immediately comply with the provisions of Section 3700 or your license immediately becomes revoked.

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**IV. Certification**

I hereby certify under penalty of perjury that the above information is true and correct:

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**V. Email Newsletter: Add me to the City's email list to receive Trinidad news & event information.**

**Email to:** \_\_\_\_\_

<b>Official Use Only:</b> License No: _____ Issue Date: _____ By: _____
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