



# TOWN OF YUCCA VALLEY

57090 Twentynine Palms Hwy • Yucca Valley, CA 92284  
(760) 369-7207

- Please Check One
- New Application
  - Change of Owner
  - Change of Address
  - Change of Business Name

## BUSINESS REGISTRATION APPLICATION

THE UNDERSIGNED HEREBY REQUESTS A REGISTRATION TO CONDUCT BUSINESS IN THE TOWN OF YUCCA VALLEY (PLEASE PRINT OR TYPE)

BUSINESS INFORMATION		OFFICIAL USE ONLY	
<b>Business Name</b> _____		<b>Business Registration No.</b> _____	
<b>Corporate Name</b> (if applicable) _____		<b>SIC/NAIC CODE</b> _____	
<b>Business Location</b> _____ <small>(Cannot be P.O. Box per State of California Business &amp; Professions Code-Section 17538.5)</small>		<b>Bus. Start Date</b> _____	
<b>Mailing Address</b> _____		<b>State Resale No.</b> _____	
<b>Phone No.</b> _____	<b>Fax No.</b> _____	<b>Federal ID No.</b> _____	
<b>Description of Business</b> _____		<b>State ID No.</b> _____	
<b>Ownership</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Corp-Ltd Liability <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust		<b>State Lic. No.</b> _____	
		<b>State Lic. Type</b> _____	
		<b>Expire Date</b> _____	
		<b>Email Address</b> _____	

Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary)

<b>1st Owner Name</b> _____	<b>Title</b> _____	<b>Phone No.</b> _____
<b>Address</b> <small>(Cannot be P.O. Box)</small>		<b>Cell / Pager No.</b> _____
_____		
_____		
<b>2nd Owner Name</b> _____	<b>Title</b> _____	<b>Phone No.</b> _____
<b>Address</b> <small>(Cannot be P.O. Box)</small>		<b>Cell / Pager No.</b> _____
_____		
_____		

In case of emergency, please contact (attach additional sheet, if necessary)

<b>Contact Name</b> _____	<b>Phone No.</b> _____
<b>Address</b>	<b>Cell/Pager No.</b> _____
_____	
_____	

Alarm Company, if applicable (attach additional sheet, if necessary)

<b>Company Name</b> _____	<b>Phone No.</b> _____
<b>Address</b>	
_____	
_____	

ACCEPTANCE OF PAYMENT DOES NOT CONSTITUTE APPROVAL OF BUSINESS REGISTRATION - AUTHORIZATION TO CONDUCT BUSINESS IS NOT GRANTED UNTIL ISSUANCE OF REGISTRATION CERTIFICATE.

PLEASE COMPLETE THE FOLLOWING:

Enter # of persons working at location

NOTICE: 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/Home.aspx](http://www.dgs.ca.gov/dsa/Home.aspx) - The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov) - The California Commission on Disability Access at [www.ccda.ca.gov](http://www.ccda.ca.gov).

FOR OFFICIAL USE ONLY	
<b>Classification</b>	<b>Basic Fee</b> \$ <b>55.00</b>
	<b>State CASp Fee</b> \$ <b>1.00</b>
<b>Approved By</b>	<b>Other Fee</b> \$    _____
	<b>Total Amount Due</b> \$    _____
<b>Date</b>	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____
	<i>Thank you for doing business in the Town of Yucca Valley!</i>

I HEREBY DECLARE UNDER PENALTY OF PERJURY, THAT THE INFORMATION IS TRUE AND CORRECT.

Signature of Owner or Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN APPLICATION TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO TOWN OF YUCCA VALLEY.**