



TOWN OF YUCCA VALLEY

57090 Twentynine Palms Hwy, Yucca Valley, CA 92284

(760) 369-7207

BUSINESS REGISTRATION APPLICATION

Business Name: _____ Type of Business: _____ Bus. Location/ Physical Address: _____ <small>(Street)</small> _____ <small>(City State Zip)</small> Mailing Address: _____ <small>(if different from above)</small> <small>(Street)</small> _____ <small>(City State Zip)</small> Description of Business: _____ <small>(Complete questionnaire on next page.)</small>	Phone: _____ Start Date: _____ Ownership Type: _____ <small>(e.g., sole proprietor, partnership, corporation, etc.)</small> Email: _____ State License No.: _____ State License Expiration: _____
Owners, Partners, or Corporate Officers	
Owner 1 Name: _____ Address: _____ <small>(Street)</small> _____ <small>(City State Zip)</small> Owner 2 Name: _____ Address: _____ <small>(Street)</small> _____ <small>(City State Zip)</small>	Title: _____ Phone No.: _____ Mobile No.: _____ Title: _____ Phone No.: _____ Mobile No.: _____

New Business Registration

Complete both pages of this application and return it with your \$74.00 fee payment to the address at the top of this form.

Make checks payable to: **Town of Yucca Valley.**

REGISTRATION FEES DETAIL

Registration Fee \$ 70.00

State CASp Fee \$ 4.00

Total Amount Due \$ 74.00

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

The Department of Rehabilitation at www.rehab.cahwnet.gov

The California Commission on Disability Access at www.cdda.ca.gov

For Town Office Use Only

Cash Check #: _____

Credit Card Auth #: _____

Date and Initials of Staff taking payment: _____

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

X

Signature of Owner or Representative

Date



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DESCRIPTION OF BUSINESS QUESTIONNAIRE

1. Please describe your business in detail. _____

2. Do you manufacture a product? _____

If yes, please describe product manufactured. _____

3 .Do you sell a product? _____

If yes, what product/products do you sell? _____

4. Is the business location address at a residential property? _____

If yes, are customers visiting the location? _____

If yes, in what part of the house is the business activity occurring?

If you answered yes to question 4, please contact the Planning Division to obtain additional information regarding your business.

The Planning Division can be reached by telephone at 760-369-6575 x317
to schedule an appointment in their office located at
58928 Business Center Drive, Yucca Valley, CA 92284