

**APPLICATION FOR CITY OF YREKA DAILY BUSINESS LICENSE**

**701 Fourth Street, Yreka, CA 96097**

**Phone # (530) 841-2325 Fax# (530) 842-4836**

In conformity with law and ordinance of the City of Yreka, I/we hereby make application for a daily City Business license to sell: \_\_\_\_\_

from the location known as: \_\_\_\_\_  
(Property permission form below)

Dates to sell: \_\_\_\_\_

**I/we understand that the fee for this license is \$5.00 per day.**

Owner's

Name: \_\_\_\_\_ D.B.A.: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_ Driver's License # or CA ID #: \_\_\_\_\_

California State Board of Equalization Sales Tax No.: \_\_\_\_\_

- Signs may contain only the name and/or nature of the business, and a menu of the food items being offered for sale.
- All signs must be on the mobile unit.
- No sign shall be permitted to constitute a public hazard or danger.

\_\_\_\_\_  
(Signature of applicant)

\_\_\_\_\_  
(Please print full name)

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**PERMISSION TO SELL FROM PRIVATE PROPERTY**

I \_\_\_\_\_, the owner of said property, do hereby give

permission to \_\_\_\_\_ to sell from said location and agree to the requirements of the Siskiyou County Environmental Health Consumer Protection Division that all Mobile Food Facilities shall be operated within 200 ft. of approved and readily available toilet and handwashing facilities.

I hereby authorize the use of restroom facilities. Located inside the Business known

as: \_\_\_\_\_ Business Situs Address: \_\_\_\_\_

Dates to sell: \_\_\_\_\_

\_\_\_\_\_  
(Signature of owner)

Date: \_\_\_\_\_

\_\_\_\_\_  
(Please print full name)

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

Phone No. \_\_\_\_\_