

☐ RENEWAL  
☒ NEW BUSINESS

# City of Sutter Creek

Return to:  
**CITY OF SUTTER CREEK**  
 18 Main Street  
 Sutter Creek, CA 95685  
 (209) 267-5647

## BUSINESS LICENSE APPLICATION

PLEASE TYPE OR PRINT.

BUSINESS NAME <u>Laqueria el Venado</u>		
BUSINESS ADDRESS (COMPLETE ADDRESS, CITY, STATE, ZIP) <u>500 HWY 49 Sutter Creek CA 95085</u>		ASSESSOR PARCEL NUMBER
BUSINESS TELEPHONE	OWNER'S TELEPHONE <u>209 4546935</u>	DATE BUSINESS STARTED IN SUTTER CREEK
BUSINESS OWNER <u>Adam Contreras</u>	BUSINESS EMAIL ADDRESS <u>laqueria@suttercreekca.gov</u>	BUSINESS WEBSITE
BUSINESS OWNER'S HOME ADDRESS (COMPLETE ADDRESS, CITY, STATE, ZIP) <u>18061 Clouds Rest RD Sutterville CA 95372</u>		OWNER'S SOCIAL SECURITY NUMBER
TYPE OF APPLICATION <input checked="" type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC <input type="checkbox"/> CORPORATION (LIST ALL PARTNERS) (LIST OFFICERS & TITLES)		
ATTACH SEPARATE LIST IF NECESSARY		
NAME / TITLE	COMPLETE ADDRESS	(AREA CODE) PHONE
<u>Adam Contreras</u>	<u>18061 Clouds Rest RD</u>	<u>301 104ville CA 95072</u>
NAME / TITLE	COMPLETE ADDRESS	(AREA CODE) PHONE
NAME / TITLE	COMPLETE ADDRESS	(AREA CODE) PHONE
SALES TAX PERMIT # (BOARD OF EQUALIZATION)	STATE EMPLOYER I.D. #	FEDERAL EMPLOYER I.D. #
* PROOF OF PERMIT ISSUED BY BOE IS REQUIRED		

### MAILING INFORMATION:

NAME 535 State Highway 49 Ste 5 ANNUAL ..... \$174.00\*  
 ADDRESS Jackson CA 95812 SEMI-ANNUAL ..... \$89.00  
 CITY, ST, ZIP ONE TO THIRTY DAYS.. \$30.00

CA DISABILITY ACCESS FEE PER AB1379 OF \$4.00 IS INCLUDED WITH THE FEES ABOVE.

SIX MONTH PERIOD EITHER JAN-JUN or JULY-DEC.  
 WE DO NOT PRORATE.

### PLEASE FILL IN APPROPRIATE SPACES:

4 NUMBER OF EMPLOYEE'S INCLUDING OWNER.  
None NUMBER OF PROFESSIONALS, \_\_\_\_\_ NUMBER OF ASSISTANTS OR EMPLOYEES  
None NUMBER OF UNITS (ROOMS, APTS., BEDS, SPACES, VEHICLES, TABLES, CHAIRS, ETC.)  
None NUMBER OF RENTALS (AUTO, TRAILERS, PLANES, ETC.)  
 OTHER \_\_\_\_\_

### TYPE OF BUSINESS (GIVE FULL DESCRIPTION)

food truck mexican food

**AFFIDAVIT:** I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE REPORTED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE BEEN GIVEN A SIGN PERMIT APPLICATION AND I WILL COMPLY WITH ALL PROVISIONS OF THE CITY OF SUTTER CREEK SIGN ORDINANCE.

SIGNATURE: ADON Contreras

**AVOID PENALTIES – FILE PROMPTLY**

**ALL BUSINESSES ARE SUBJECT TO AUDIT**

### OFFICE USE ONLY

RECEIVED BY \_\_\_\_\_ DATE \_\_\_\_\_  
 AMOUNT \_\_\_\_\_ RECEIPT # \_\_\_\_\_ CASH ☐ CHECK ☐ CREDIT/DEBIT CARD ☐  
 SIC CODE \_\_\_\_\_

OCCUPANCY PERMIT  
 USE PERMIT  
 ZONING COMPLIANCE  
 POLICE CLEARANCE  
 GREASE/OIL/SAND INTERCEPTOR

APPROVED

DENIED