

COUNTY OF HUMBOLDT BUSINESS LICENSE APPLICATION

Community Development Service, Planning and Building Division Supplemental Form

PLEASE COMPLETE ALL QUESTIONS ON THIS FORM

Assessor Parcel Number: _____

Name: _____

Date: _____

Address: _____

Type of business, mark all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Agriculture related | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Animal keeping / breeding | <input type="checkbox"/> Office, professional or medical service |
| <input type="checkbox"/> Antique mall | <input type="checkbox"/> Open storage contractors yard |
| <input type="checkbox"/> Automotive sales, storage, service or repair | <input type="checkbox"/> Public assembly |
| <input type="checkbox"/> Barbershop | <input type="checkbox"/> Retail sales |
| <input type="checkbox"/> Beauty shop | <input type="checkbox"/> Sanitarium |
| <input type="checkbox"/> Bed and Breakfast establishment | <input type="checkbox"/> School or teaching facility |
| <input type="checkbox"/> Church, synagogue, or place of worship | <input type="checkbox"/> Second hand shop |
| <input type="checkbox"/> Eating and/or drinking establishment | <input type="checkbox"/> Stables and/or kennels |
| <input type="checkbox"/> Food handling, processing or packing | <input type="checkbox"/> Surface mining |
| <input type="checkbox"/> Health care service | <input type="checkbox"/> Warehousing, storage and distribution |
| <input type="checkbox"/> Heavy industrial | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hospital | _____ |
| <input type="checkbox"/> Light industrial | |

Explain the response(s) above by describing the activities associated with the business: _____

Proposed hours and days of operation: 9 am - 5 pm Monday through Friday Other: _____

Number of employees and partners: (including yourself) _____

Business Cycle: Permanent Seasonal Temporary Other _____

Square footage (square footage = length x width) of room(s)/building(s) used for the business: _____

Describe the expected pedestrian, vehicular and truck traffic:(In trips coming and going per day) _____

Describe any other local, state and federal permits required for the business (i.e. NCUAQMD, RWQCB, ABC):

Describe any *unique* activities, requirements or specifications of the business: _____

Will the proposed business involve the sale or distribution of medical cannabis or cannabis related products?

Yes No **If yes, please briefly describe the nature of the proposed activities** _____
