

**TOWN OF ROSS
BUSINESS LICENSE APPLICATION**

*Business License Collector
P.O. Box 320, Ross, CA 94957*

Business Name: _____

Type of business performed: _____

State Contractors License number (if applicable): _____

Business Address: _____ **Phone:** _____

Mailing Address: _____

Owner: _____

Last, first, middle

Address

City, state, zip

Phone

Ownership type:

- | | |
|--|--|
| <input type="checkbox"/> Sole | (SEIN) State Employer ID# _____ |
| <input type="checkbox"/> Proprietorship | (BEAN) Board of Equalization# _____ |
| <input type="checkbox"/> Partnership | (SSN) Social Security # _____ |
| <input type="checkbox"/> Corporation | (FEIN) Federal Employer ID# _____ |
| <input type="checkbox"/> Trust | |

Signature

Date

Workers Comp

Permit Number

If you have any questions, please call (415) 453-1453 ext.106