

# CITY OF ANTIOCH BUSINESS LICENSE APPLICATION



BUSINESS #:

CLASS CODE:

**INSTRUCTIONS:**

LLSFD - Landlord - Residential Single Family dwelling per unit \$250.00

LLMFD - Landlord - Residential Multi Family dwelling per unit \$150.00

**THIS APPLICATION IS CONSIDERED INCOMPLETE WITHOUT SIGNATURE AND DATE**

1. OWNER'S NAME		2. OWNER'S MAILING ADDRESS	
3. TELEPHONE #	4. FAX NUMBER	5. EMAIL ADDRESS	
6. OWNER'S PHYSICAL ADDRESS IF DIFFERENT FROM #2 (NO PO BOX)		7. CONTACT NAME & ADDRESS (I.E. PROPERTY MANAGEMENT COMPANY)	
8. OWNER'S PHONE #		9. CONTACT PHONE #	
10. OWNER'S EMAIL ADDRESS		11. CONTACT'S EMAIL ADDRESS	
12a. PROPERTY ADDRESS (PLEASE USE ADDITIONAL SHEET IF NECESSARY)		12b. # OF UNITS	12c. RESIDENTIAL LANDLORD TAX
13. STATE MANDATED FEE (PLEASE SEE REVERSE SIDE)		14. APPLICATION FEE	
<b>\$4.00</b>		<b>\$25.00</b>	

**15. TOTAL AMOUNT DUE (combine boxes 12c, 13, & 14)**

OFFICE USE ONLY		OFFICE USE ONLY	
DATE:	RECEIPT#:	PLANNING:	BLDG DEPT:
		ZONING:	

*The undersigned, being authorized to make this Application, hereby declares to the best of his knowledge and belief that this is a true, correct, and complete information made pursuant to the Antioch Municipal Code. The undersigned also agrees to abide by all considerations and restrictions imposed under the Antioch Municipal Code. This business license does not authorize holder to engage in any business or profession for which other certificates or permits are required.*

*Boxes 1, 2, 3 and 6 are non-confidential information and may be made public.*

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**Sign  
Here**

\_\_\_\_\_  
SIGNATURE (REQUIRED)

\_\_\_\_\_  
DATE (REQUIRED)

City of Antioch · Finance Department · 200 H Street · P.O. Box 5007 · Antioch, CA 94531-5007 · (925) 779-7059  
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