

DATE _____

**GALT MARKET
BUSINESS LICENSE APPLICATION**

It is unlawful for any person to transact and carry on any business, trade, profession, calling or occupation in the City of Galt without first having procured a license from the City.

Any person violating any of the provisions of Ordinance No. 77-6 or knowingly or intentionally misrepresenting to any officer or employee of the City of Galt any material fact in producing a license, shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be punishable by a fine or by imprisonment, or by both such fine and imprisonment.

Your license is due and payable on the **FIRST DAY OF JANUARY** in advance. **First owner or employee \$40.00; each additional employee \$10.** If payments are not received within thirty (30) days from due date, a penalty of 10% of license tax on last day of each month after due date will be charged. Licenses must be posted in a conspicuous place.

Owner's Name _____

Owner's Home Address _____

City _____ State _____ Zip _____

Owner's Mailing Address _____ City _____ State _____ Zip _____

Work Phone No. (____) _____ Home Phone No. (____) _____

Federal I.D. No. or Social Security No. _____ Driver's License No. _____

State Board of Equalization Permit No. _____

Description of Merchandise _____ Estimated Sales Per Year \$ _____

Are you selling at any other Flea Market? Yes _____ No _____ If yes, where _____

Number of employees including yourself working at Galt Market _____

All information listed above must be provided prior to applying for your City of Galt business license. NO EXCEPTIONS will be made for individuals who do not have the required information.

Note: You may qualify for an exemption. Are you the Owner or Partner of the business listed above and a veteran honorably discharged from one of the United States armed services? (If Yes, form DD 214 is required) Yes ___ No ___

NOTE: The Business License Application does not guarantee you a space at the Galt Market. All business license fees are non-refundable. _____ (Initial)

Applicant Signature _____ Date _____

FINANCE USE ONLY Exemption: Yes _____ No _____ If no, reason for denial _____

Employee initials _____
Rev. 5/01/02

Business License No. _____
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