



# TOWN OF PARADISE

5555 Skyway, Paradise, CA 95969 (530)872-6291 Fax (530)877-5059

## INSTRUCTIONS TO APPLICANT

### Kennels

In order to obtain your local permit for a Kennel in the Town of Paradise, please complete the following items and return them to Paradise Police Department. Applications shall be filed within thirty (30) days after the kennel is established. A late fee may be charged if not filed within thirty (30) days. By applying for a Kennel Permit, you are also registering for the Town's Business License. (Business License Fee Waived)

- Completed and signed Business License Application
- Kennels License fee
  - Initial Fee made payable to the Town of Paradise (See current Master Fee Schedule)
- and/or*
- Late Fee (See current Master Fee Schedule)
- Proof that all dogs in the kennel have been vaccinated against rabies
- Certificate that kennel is operated in a sanitary and proper manner from Animal Control

You will be notified when your application has been approved. At that time an appointment will be scheduled to receive your Kennel license

- Approval by Planning Director
- Approval by Police Department/Animal Control

Kennel licenses are valid for twelve months (12) from the date of issue. To renew, please submit an updated application and follow the process above.

It is the responsibility of the applicant to know and understand the relevant Town municipal code section and any other state or federal codes which may apply.

**The Town of Paradise Municipal Codes and current Master Fee Schedule can be found at [www.townofparadise.com](http://www.townofparadise.com).**

• It is unlawful for any person or entity to violate or fail to comply with the provisions of chapter 5.15 of the Paradise Municipal Code. Such violation shall be punishable as an infraction. • Under Federal and State law, a fee may be collected in addition to any other fees for compliance with disability access laws.



# Town of Paradise

## Business License Application

5555 Skyway  
Paradise, CA 95969  
Tel: 530-872-6291  
[www.townofparadise.com](http://www.townofparadise.com)

New Business (\$40)  
  Renewal (\$25)  
  Commercial  
  Home Based Business  
  Bank  
  Located outside Paradise

### BUSINESS INFORMATION

Information in this section is available to the public if requested

Business Name:		
Business Phone:	Business Website:	
Business Address:	Would you like your Business Name and Website included in an online directory? <input type="radio"/> Yes <input type="radio"/> No	
City:	State:	ZIP Code:
Business Mailing Address (if different) (Address, City, State and ZIP):		
NAICS Code: _____	Business Category (circle one): Retail / Construction & Development / Technology & Communication / Food Services & Ag Production / Government & Non-Profit / Healthcare / Manufacturing / Tourism / Utilities / Real Estate / Other	
If you do not know your NAICS code, visit <a href="https://www.census.gov/eos/www/naics/">https://www.census.gov/eos/www/naics/</a>		
Number of Employees:	State of California Seller's Permit Number:	
Hours/Days of Operation:	Tax Exempt <input type="radio"/> Yes <input type="radio"/> No	Religious Organization <input type="radio"/> Yes <input type="radio"/> No

Please describe in detail your business activity to be conducted within the Town of Paradise:

### EMERGENCY CONTACT INFORMATION (PLEASE LIST 3 UNIQUE CONTACTS)

Personal Contact information will be kept private

Contact 1 – Business Owner Name:	Phone 1:	Phone 2:
	Email:	
Contact 2 – Name and Relationship/Title:	Phone 1:	Phone 2:
	Email:	
Contact 3 – Name and Relationship/Title:	Phone 1:	Phone 2:
	Email:	
Property Owner Name (if different from business owner)	Phone 1:	Phone 2:
	Email:	
Alarm Permit Number: _____	Alarm Type (circle all that apply):	
Alarm Company: _____	Water Flow / Smoke Detector / Heat Detector / Manual Pull Box / motion – intruder / Other _____	
Responsible Contact:		
Janitorial Service:	Phone:	
	Hours at Location:	

### BUILDING INFORMATION (NOT REQUIRED IF LOCATED OUTSIDE PARADISE)

Information in this section is available to the public if requested

Structure Type (circle one): Commercial / Residential Single Family / Residential Multi-Family / Assembly / Manufacturing / Other _____	<b>Floor plan diagram (Optional FD Use)</b>	
Animals Located on Business Premise? <input type="radio"/> Yes <input type="radio"/> No	Fire Suppression System (Sprinklers)? <input type="radio"/> Yes <input type="radio"/> No	Knox Box? <input type="radio"/> Yes <input type="radio"/> No
Utility Shutoff Locations : Gas:	Hazardous Materials on site? <input type="radio"/> Yes <input type="radio"/> No	
Electric:	Hazardous Materials Location: _____ For information on reporting requirements, visit <a href="http://www.buttecounty.net/publichealth/EnvironmentalHealth/Hazmat-CUPA.aspx">http://www.buttecounty.net/publichealth/EnvironmentalHealth/Hazmat-CUPA.aspx</a>	

**TOWN OF PARADISE**

Administrative Services Department, 5555 Skyway, Paradise, CA 95969 -- (530) 872-6291  
Paradise Police Department, 5595 Black Olive Dr. Paradise, CA 95969 -- (530) 872-6241 or (530) 872-6161

**Specialty Permit Information**

**Initial**

**Renewal**

**TO BE COMPLETED BY APPLICANT**

Applicant Name: \_\_\_\_\_ Event Location: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Event Dates: \_\_\_\_\_ to \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ ZIP: \_\_\_\_\_ Event Times: \_\_\_\_\_ to \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Event Dates: \_\_\_\_\_ to \_\_\_\_\_  
DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Event Times: \_\_\_\_\_ to \_\_\_\_\_  
CDL: \_\_\_\_\_ State \_\_\_\_\_ Expires: \_\_\_\_\_  Event Located in Downtown Paradise Area  
Mobile \_\_\_\_\_ E-Mail \_\_\_\_\_ Type of Merchandise being sold? \_\_\_\_\_  
Additional Information: \_\_\_\_\_

Address: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Have you ever been convicted of a felony, as defined by California law?  YES  NO  
If YES, Date of conviction: \_\_\_\_\_ Offense \_\_\_\_\_

Have you ever been required to register with a law enforcement agency pursuant to Section 290 of the Penal Code?  
 YES  NO If YES, Date \_\_\_\_\_ Law Enforcement Agency \_\_\_\_\_

It shall be unlawful for any person knowingly to falsify or conceal any fact or make any false or fraudulent statement or misrepresentation in any matter or proceeding within the jurisdiction of any department or agency of the Town (Ordinance 16, Section 15-11).

*I declare under the penalty of perjury that the foregoing is true and complete to the best of my knowledge and belief.*

Signature: \_\_\_\_\_ Date \_\_\_\_\_