

CITY OF WINTERS

BUSINESS LICENSE APPLICATION
COMMUNITY DEVELOPMENT DEPARTMENT
318 FIRST STREET, WINTERS, CA 95694
PHONE - (530) 795-4910 X 112 FAX - (530) 795-4935

Community Development Department Use Only
Date Received: _____
Date Routed: _____

COMPLETE THIS APPLICATION LEGIBLY IN BLUE OR BLACK INK OR TYPE

BUSINESS NAME:	OLD BUSINESS LICENSE # (IF MAKING ANY CHANGES):
BUSINESS OWNER(S):	
PHYSICAL BUSINESS ADDRESS:	
MAILING ADDRESS (IF DIFFERENT FROM ABOVE):	
CIRCLE TYPE OF OWNERSHIP:	OTHER SOLE PROPRIETOR PARTNERSHIP CORPORATION NON-PROFIT

FEDERAL EMPLOYER NUMBER	STATE EMPLOYER NUMBER	BOARD OF EQUALIZATION NUMBER	SOCIAL SECURITY NUMBER & DL #
HOME PHONE NUMBER	BUSINESS PHONE NUMBER	MOBILE PHONE NUMBER	EMAIL ADDRESS
ZONING DESIGNATION	PLANNED START DATE	OPERATION HOURS	NUMBER OF EMPLOYEES

\$85.00 EXPIRES 12/31	<input checked="" type="checkbox"/> PAYMENT TYPE	<input checked="" type="checkbox"/> ROUTING INFORMATION – CONTACT NUMBER	DATE RECEIVED
BUSINESS LICENSE FEES	<input type="checkbox"/> CASH	<input type="checkbox"/> FIRE – 530-795-4131.....	
CONTRACTORS LICENSE NUMBER	<input type="checkbox"/> CHECK	<input type="checkbox"/> POLICE – EXTENSION 120	
LICENSE CLASS:	#	<input type="checkbox"/> PUBLIC WORKS – EXTENSION 115.....	
EXPIRATION DATE:		<input type="checkbox"/> COMMUNITY DEVELOPMENT– EXTENSION 112.....	
WORKERS COMP:		<input type="checkbox"/> BUILDING INSPECTION- EXTENSION 117.....	

DESCRIPTION OF BUSINESS ACTIVITY AND TYPE OF BUSINESS:

BY SIGNING BELOW YOU CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT AND YOU CONSENT TO A LOCAL BACKGROUND CHECK.

SIGNATURE OF APPLICANT	PRINTED NAME OF APPLICANT	DATE
SIGNATURE OF PROPERTY OWNER	PRINTED NAME OF PROPERTY OWNER	DATE

FOR CITY OF WINTERS USE ONLY - DEPARTMENT COMMENTS:

CONTRACTOR (CDD APPROVAL ONLY) HOME OCCUPATION (ROUTE) REGULAR (ROUTE)

DEPARTMENT APPROVAL - SIGN AND DATE _____