

**CITY OF WINTERS**  
**SPECIAL EVENT/ONE-DAY BUSINESS LICENSE APPLICATION**  
**ADMINISTRATIVE SERVICES DEPARTMENT**  
**318 FIRST STREET, WINTERS, CA 95694**  
**PHONE - (530) 795-4910 X 100 FAX - (530) 795-4935**

Administrative Services Department Use Only

Date Received: \_\_\_\_\_

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:	<input type="checkbox"/> OTHER <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> 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	OTHER LOCAL NUMBER (S)
NAME OF EVENT	EVENT DATE	OPERATION HOURS	NUMBER OF EMPLOYEES

<b>\$ 10.00</b>	<input checked="" type="checkbox"/> PAYMENT TYPE	<input checked="" type="checkbox"/> ROUTING INFORMATION – CONTACT NUMBER	DATE RECEIVED
BUSINESS LICENSE FEES	<input type="checkbox"/> CASH	<input checked="" type="checkbox"/> FIRE – 530-795-4131.....	N/A
CONTRACTORS LICENSE NUMBER	<input type="checkbox"/> CHECK	<input checked="" type="checkbox"/> POLICE – EXTENSION 120 .....	N/A
LICENSE CLASS: _____	# _____	<input checked="" type="checkbox"/> PLANNING – EXTENSION 112 .....	N/A
EXPIRATION DATE: _____		<input checked="" type="checkbox"/> BUILDING – EXTENSION 112 .....	N/A
WORKMANS COMP: _____		<input checked="" type="checkbox"/> PUBLIC WORKS – EXTENSION 115.....	N/A
		<input type="checkbox"/> ADMINISTRATIVE SERVICES CERTIFICATION.....	

DESCRIPTION OF BUSINESS ACTIVITY AND TYPE OF BUSINESS:

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SIGNATURE OF APPLICANT	DATE
SIGNATURE OF APPLICANT	DATE

FOR CITY OF WINTERS USE ONLY - DEPARTMENT COMMENTS:

WORKERS COMP CERT PROVIDED (CITY TO VERIFY IF CITY COORDINATED EVENT)

CERTIFICATE OF LIABILITY INSURANCE PROVIDED (CITY TO VERIFY IF CITY COORDINATED EVENT)

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DEPARTMENT APPROVAL - SIGN AND DATE \_\_\_\_\_