

CITY OF WINTERS

ONE DAY SPECIAL EVENT - BUSINESS LICENSE APPLICATION

COMMUNITY DEVELOPMENT DEPARTMENT

318 FIRST STREET, WINTERS, CA 95694

PHONE - (530) 795-4910 FAX - (530) 795-4935



COMPLETE THIS APPLICATION LEGIBLY

BUSINESS NAME:				
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 & CA DRIVERS LIC
HOME PHONE	BUSINESS PHONE	CELL PHONE	EMAIL ADDRESS
EVENT NAME AND DATE	(IN-TOWN-ONLY) HOURS OF OPERATION	(IN-TOWN-ONLY) NUMBER OF EMPLOYEES	

\$11.00 EXPIRES	√ NOTES	Under Federal and State law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: The Division of State Architect at www.dgs.ca.gov/dsa/home.apx the Department of Rehabilitation at www.rehab.cawnet.gov the California Commission on Disability Access at www.ccda.ca.gov

DETAILED DESCRIPTION OF BUSINESS ACTIVITIES:

THIS APPLICATION DOES NOT PERMIT COMMENCEMENT OF BUSINESS UNTIL FINAL APPROVAL IS RECEIVED. UPON APPROVAL YOU WILL RECEIVE YOUR LICENSE VIA USPS.

SIGNATURE OF APPLICANT	PRINT	DATE

CITY USE ONLY:

ONE DAY LICENSE ONLY

APPLICATION RECEIVED BY: SIGN AND DATE _____

APPLICATION APPROVED BY: SIGN AND DATE _____