

# CITY OF WINTERS

**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
(IN-TOWN-ONLY) ZONING	(IN-TOWN-ONLY) PLANNED START DATE	(IN-TOWN-ONLY) HOURS OF OPERATION	(IN-TOWN-ONLY) NUMBER OF EMPLOYEES

<p><b>\$86.00 EXPIRES 12/31</b></p> <p>ANNUAL FEE</p>	<p>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 <a href="http://www.dgs.ca.gov/dsa/home.apx">www.dgs.ca.gov/dsa/home.apx</a> the Department of Rehabilitation at <a href="http://www.rehab.ca.gov/net.gov">www.rehab.ca.gov/net.gov</a> the California Commission on Disability Access at <a href="http://www.cdda.ca.gov">www.cdda.ca.gov</a></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;"></th> <th style="width:80%;">ROUTING INFORMATION – CONTACT NUMBER</th> <th style="width:15%;">DATE RECEIVED</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>FIRE – 530-795-4131 .....</td> <td> </td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>POLICE – EXTENSION 120 .....</td> <td> </td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>PUBLIC WORKS – EXTENSION 115.....</td> <td> </td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>COMMUNITY DEVELOPMENT– EXTENSION 111.....</td> <td> </td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>BUILDING INSPECTION- EXTENSION 117.....</td> <td> </td> </tr> </tbody> </table>		ROUTING INFORMATION – CONTACT NUMBER	DATE RECEIVED	<input checked="" type="checkbox"/>	FIRE – 530-795-4131 .....		<input type="checkbox"/>	POLICE – EXTENSION 120 .....		<input type="checkbox"/>	PUBLIC WORKS – EXTENSION 115.....		<input type="checkbox"/>	COMMUNITY DEVELOPMENT– EXTENSION 111.....		<input type="checkbox"/>	BUILDING INSPECTION- EXTENSION 117.....	
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CONTRACTOR'S LIC. NUMBER:																				
LIC. CLASS:																				
EXP. DATE:																				
WORKERS COMP #:																				

DETAILED DESCRIPTION OF BUSINESS ACTIVITIES:

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**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

SIGNATURE OF PROPERTY OWNER (IN-TOWN-BUSINESS-ONLY)	PRINT (IN-TOWN-BUSINESS-ONLY)	DATE

CITY USE ONLY:

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

APPLICATION RECEIVED BY: SIGN AND DATE \_\_\_\_\_

APPLICATION APPROVED BY: SIGN AND DATE \_\_\_\_\_