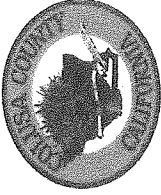


COLUSA COUNTY

547 MARKET STREET, SUITE 111
COLUSA, CA 95932



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ATTORNEY AT LAW · TREASURER-TAX COLLECTOR · PUBLIC ADMINISTRATOR · BURIAL OF INDIGENTS

PHONE: (530) 458-0441
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APPLICATION FOR COLUSA COUNTY BUSINESS LICENSE

(In Accordance with Ordinance No. 540 of County of Colusa)

MAKE A SEPARATE APPLICATION FOR EACH BUSINESS UNIT REQUIRED TO BE LICENSED

NAME OF OWNER _____

NAME OF BUSINESS _____

FEDERAL TAX ID OR SS# _____

MAILING ADDRESS _____

LOCATION OF BUSINESS _____

TELEPHONE _____

TYPE OF BUSINESS _____

- Administrative Headquarters
- Contractor
- Manufacturer
- Professional
- Public Utility
- Wholesale
- Rental – Residential Property
- Retail Services
- Rental-Non Residential
- Transportation of Persons or Goods
- Recreation/Entertainment
- Home Occupation
- Fuel Dispensing
- Restaurant
- Vehicle Car Sales
- Medical
- Day Care
- Commercial/Industrial Storage
- OTHER _____

- Sale of Firearms
- Sale of Alcoholic Beverages
- Well/Septic
- Food processing/handling/serving

1. DATE ENTERED INTO BUSINESS: _____
2. SPECIFY GOODS DEALT IN: _____
3. DO YOU OPERATE ANY OTHER BUSINESS REQUIRED TO BE LICENSED AT THE ABOVE ADDRESS? YES/NO
LIST _____
4. DO YOU OWN THE BUILDING WHERE THE BUSINESS WILL BE CONDUCTED? YES/NO IF NO, WHO IS THE OWNER? _____
5. DOES A PARTNERSHIP OR CORPORATION CONDUCT THIS BUSINESS? YES/NO IF YES, LIST NAMES AND TITLES OF OFFICERS/PARTNERS ON REVERSE OF THIS FORM. _____
6. HAVE YOU EVER HAD A LICENSE REVOKED OR CANCELED BY THE COUNTY? YES/NO
WHEN _____ REASON _____
7. WHAT IS THE INVENTORY VALUE OF STOCK _____ ANTICIPATED REVENUE FOR THE YEAR _____ APPROXIMATE VALUE OF EQUIPMENT _____ FIXTURES _____
8. IF APPLICATION IS FOR : TRAILER PARK NUMBER OF SPACES _____
MOTEL NUMBER OF ROOMS _____
GAS STATION NUMBER OF PUMPS _____
*IS GAS STATION OPERATED IN CONNECTION WITH A GROCERY STORE,CAFÉ, MINI MART, ETC. YES/NO
9. DOES YOUR BUSINESS DEAL WITH OR HANDLE ANY FOOD OR PERISHABLE ITEMS? YES / NO IF YES, DO YOU HAVE A HEALTH DEPARTMENT PERMIT? HD PERMIT # _____
10. WILL YOU BE USING OR STORING ANY GASOLINE, PROPANE, DIESEL FUEL, WASTE OIL OR ANY OTHER HAZARDOUS MATERIAL AS SPECIFIED IN 6.95 IN THE CALIFORNIA HEALTH & SAFETY CODE SECTION 25 50125501 (K)? YES _____ NO _____ IF YES, HAVE YOU FILED A HAZARDOUS MATERIALS INVENTORY REPORTING FORM WITH THE OFFICE OF EMERGENCY SERVICES? YES _____ NO _____
11. WILL ANY EQUIPMENT OR MACHINERY BE USED THAT WOULD CAUSE THE ISSUANCE OF AIR CONTAMINANTS INTO THE ATMOSPHERE (SUCH AS BOILERS, SOLVENT DEGREASERS, IC ENGINES, ETC.)? YES / NO IF YES, DO YOU HAVE ANY AUTHORITY TO CONSTRUCT PERMIT FROM THE AIR POLLUTION CONTROL DISTRICT? YES _____ # _____
12. PLEASE PROVIDE NUMBERS AND COPIES OF CONTRACTOR'S LICENSES, LIQUOR LICENSES, MEDICAL OR DENTAL LICENSES, OR ANY STATE REQUIRED PERMITS _____
13. SELLERS' PERMIT IF APPLICABLE: _____

ALL FORMS WITH THIS APPLICATION MUST BE COMPLETE BEFORE A BUSINESS LICENSE WILL BE ISSUED.

SIGNATURE _____

DATE _____

FOR OFFICE USE ONLY

COPIES TO THE FOLLOWING: ASSESSOR PLANNING EMERGENCY SERVICES AIR POLLUTION ENVIRONMENTAL HEALTH Amount Paid: \$ _____

COUNTY OF COLUSA
DEPARTMENT OF
PLANNING AND BUILDING ADMINISTRATION

220 12TH Street
Colusa, CA 95932
Telephone: (530) 458-0480
Fax: (530) 458-0482



VERIFICATION
OF
ZONING

Book Page Number

Assessor's Parcel No.: _____

The above-noted parcel is zoned: _____

- This zone allows the requested use of _____
- This zone allows the requested use of _____
provided a Use Permit is obtained.
- This zone does NOT permit the request of use of _____

Verified By: _____ Date: _____

NOTE: Please be aware zoning consistency does not take into account licenses or permits that may be required by others. This may include, but is not limited to, the following:

- Department of Planning & Building - Building Permit.
- Environmental Health Department - Well permit/septic system permit.
- State of California Dept. of Alcoholic Beverage Control - License to sell spirits/wine/beer.
- Department of Justice -Sale of Fire Arms

WORKER'S COMPENSATION DECLARATION

I hereby affirm, under penalty or perjury, one of the following declarations:

- I have and will maintain a certificate of consent to self-insure for worker's compensation, as provided by Section 3700, for the duration of any business activities conducted for which this license is issued.
- I have and will maintain worker's compensation insurance, as required by Section 3700, for the duration of any business activities conducted for which this license is issued.

My worker's compensation insurance carrier and policy number are:

Carrier _____

Policy Number _____

- I certify that in the performance of any business activities for which this license is issued. I shall not employ any person in any manner so as to become subject to the worker's compensation laws of California, and agree that if I should become subject to the worker's compensation provisions of Section 3700 of the Labor Code, I shall forth with comply with the provisions of Section 3700.

Name _____ Date _____

Address _____

Signature _____

WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO \$100,000, IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.