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TEMPORARY APPLICATION FOR COLUSA COUNTY BUSINESS LICENSE
(\$31.00 CHECK MUST BE RECEIVED FOR PROCESSING)

(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 _____

MAILING ADDRESS _____

LOCATION OF BUSINESS _____

TELEPHONE _____ EMAIL _____

TYPE OF BUSINESS _____

1. DATE ENTERED INTO BUSINESS: _____
2. TYPE OF BUSINESS _____
3. (MANUFACTURING, WHOLESALE, RETAIL, SERVICES)
4. DO YOU OPERATE ANY OTHER BUSINESS REQUIRED TO BE LICENSED AT THE ABOVE ADDRESS? YES/NO LIST _____
5. DO YOU OWN THE BUILDING WHERE THE BUSINESS WILL BE CONDUCTED? YES/NO IF NO, WHO IS THE OWNER? _____
6. DOES A PARTNERSHIP OR CORPORATION CONDUCT THIS BUSINESS? YES/NO IF YES, LIST NAMES AND TITLES ON REVERSE OF THIS FORM.
7. HAVE YOU EVER HAD A LICENSE REVOKED OR CANCELED BY THE COUNTY? YES/NO WHEN _____ REASON _____
8. WHAT IS THE INVENTORY VALUE OF STOCK _____ ANTICIPATED REVENUE FOR THE YEAR _____ APPROXIMATE VALUE OF EQUIPMENT _____ FIXTURES _____
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)?
11. YES/NO IF YES, HAVE YOU FILED A HAZARDOUS MATERIALS INVENTORY REPORTING FORM WITH THE OFFICE OF EMERGENCY SERVICES? YES/NO?
12. WILL ANY EQUIPMENT OR MACHINERY BE USED THAT WOULD CAUSE THE ISSUANCE OF AIR CONTAMINANTS INTO THE ATOMOSPHERE (SUCH AS BOILERS, SOLVENT DEGREASERS, IC ENGINES, ETC.)? YES/NO IF YES, DO YOU HAVE THE AUTHORITY TO CONSTRUCT PERMIT FROM THE AIR POLLUTION CONTROL DISTRICT? YES # _____ NO _____
13. PLEASE PROVIDE NUMBERS AND COPIES OF CONTRACTOR'S LICNESES, LIQUOR LICENSES, MEDICAL OR DENTAL LICENSES, OR ANY STATE REQUIRED PERMITS _____

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

SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

COPIES TO THE FOLLOWING: ASSESSOR PLANNING/BUILDING EMERGENCY SERVICES AIR POLLUTION ENVIRONMENTAL HEALTH

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