



CITY OF WILLITS

111 East Commercial Street • Willits, CA 95490
(707) 459-4601 • Fax (707) 459-1562 • www.willitscity.com

BUSINESS LICENSE APPLICATION

Name of Business: _____
Business Address: _____
Mailing Address: _____
Business Phone #: _____

Owner's Name: _____
Owner's Address: _____
Owner's Phone #: _____

Federal Emp. I.D.# (FEIN): _____
State Emp.# (SEIN): _____
State Board of Equalization # (BEAN): _____
State License #: _____

Social Security #: _____
Driver's License #: _____ State: _____
Date of Birth: _____
(i.e. Building Contractor, Medical, Cosmetology, etc.)

Type of Ownership: _____ Sole Proprietorship (S) _____ Partnership (P) _____ Independent Contractor _____ Corporation (C)
_____ Trust (T) _____ Corporation (Non Profit) _____ (Number)

Describe in detail Business Activities and Where Conducted: _____

Will you be conducting retail tobacco sales? - YES { } NO { } (if yes, please complete Tobacco Retailer's License Application)

Business Manager: _____ Telephone #: _____
Address: _____ Emergency Contact: _____

Any Physical Alterations to Property? (Describe): _____
of parking spaces in or adjacent to Building: _____ # of Rentals (if Rental Business): _____ Will Signs be required? _____

NO MERCHANDISE OR SIGNS MAY BE DISPLAYED ON THE SIDEWALK AT ANY TIME AS IT IS PROHIBITED UNDER THE CALIFORNIA CONSTRUCTION ARTICLE 16

Sales or use tax may apply to your business activities. You may seek written advice regarding the application of tax to your particular business by writing to the nearest State Board of Equalization Office. For general information, go to www.boe.ca.gov or please call the State Board of Equalization @ (800) 400-7115.

CITY OF WILLITS PROCESS FEE MINIMUM (other processing costs as applicable may apply): \$ 20.00
DISABILITY ACCESS AND EDUCATION FEE \$ 1.00
TOTAL FEE TO BE PAID \$ 21.00

Print Name of Applicant: _____ Home Address: _____
Signature of Applicant: _____ Date: _____

***** FOR DEPARTMENTAL USE ONLY *****

APPROVALS:	<u>DATE</u>	<u>TIME SPENT</u>	<u>\$ AMOUNT</u>
Sewer/Water: _____	_____	_____	_____
Planning: _____	_____	_____	_____
Building: _____	_____	_____	_____
Police: _____	_____	_____	_____
Fire: _____	_____	_____	_____

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TOBACCO RETAILER'S LICENSE APPLICATION

List business name, address and telephone number of single fixed location for tobacco sales:

<u>Name</u>	<u>Address</u>	<u>Telephone</u>
_____	_____	_____
_____	_____	_____

Have you previously been issued a Tobacco Retailer's License? YES [] NO []

License #: _____ Date Issued: _____

Was this license ever revoked or suspended? YES [] NO []

If yes:

<u>Suspended</u>	<u>Date</u>	<u>Revoked</u>	<u>Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List name, address and telephone number of each Proprietor:

<u>Name</u>	<u>Address</u>	<u>Telephone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List name, address and telephone number of each Proprietor authorized to receive all license-related communications and notices (the "Authorized Address"):

<u>Name</u>	<u>Address</u>	<u>Telephone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Manager's name and telephone number: _____

WORKERS' COMPENSATION DECLARATION

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

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

My workers' compensation insurance carrier and policy number are:

Carrier: _____

Address: _____

Telephone: _____

Policy #: _____ Expiration: _____

- 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 workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with the provisions of Section 3700.

Name: _____

Date: _____

Address: _____

Signature: _____

Warning: Failure to secure Workers' Compensation Coverage is 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.

WILLITS POLICE DEPARTMENT

BUSINESS RESPONSIBLE INFORMATION

Business Name: _____

Business Address: _____

Nearest Cross Street: _____

Phone #: _____ Fax #: _____

Is your Fax # connected to your Telephone #? Yes No

Is your Fax # on a separate line? Yes No

Email Address: _____

Alarm Company Name & Phone #: _____

Type of Alarm: _____

FIRST Person to Call in an Emergency:

SECOND Person to Call in an Emergency:

Name: _____

Name: _____

Address: _____

Address: _____

Phone #: _____

Phone #: _____

Will this person respond 24 hours a day?

Does this person have keys needed to enter all areas?

THIRD Person to Call in an Emergency:

Name: _____

Address: _____

Phone #: _____

Will this person respond 24 hours a day?

Does this person have keys needed to enter all areas?

Are guns kept in this building? Yes No Dogs? Yes No

Is there light inside? Yes No

If yes, where? _____

Any other miscellaneous information we should be aware of? _____

Are your products/service/manpower available in the event public emergency or disaster?

Yes No If so, what are they? _____

IF THERE IS AN ALARM ACTIVATION AT YOUR BUSINESS, WILLITS POLICE DEPARTMENT WILL ONLY PROVIDE DETAILED INFORMATION ABOUT THE EVENT TO INDIVIDUALS LISTED AS OWNERS, MANAGERS OR BUSINESS RESPONSIBLES. PLEASE MAKE SURE YOU KEEP THAT INFORMATION CURRENT WITH WILLITS POLICE DEPARTMENT AT (707) 459-6122

Thank you for your time in completing this questionnaire.
This information is held in confidence and is only used by police or fire personnel when needed. If any of the information listed here changes, please call the Police Department At 459-6122 and provide the new information.