

CITY OF ATWATER

750 BELLEVUE ROAD
ATWATER, CA 95301

APPLICATION FOR A BUSINESS LICENSE
209-357-6344 FAX

FINANCE OFFICE
209-357-6312

In order to completely process this application, print or type legibly. Incomplete applications may be delayed.

NAME OF BUSINESS: _____ APPROX START DATE: _____

BUSINESS LOCATION: _____ CITY, STATE, ZIP: _____

BILLING ADDRESS(IF DIFFERENT): _____ CITY, STATE, ZIP: _____

TYPE OF BUSINESS: _____ BUSINESS PHONE: _____

DRIVER'S LICENSE NO: _____ SSN: _____ FEDERAL I.D. NO: _____

STATE BOARD OF EQUALIZATION NUMBER: _____ STATE I.D. NO: _____

APPLICANT'S NAME: _____ HOME PHONE NO: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

EMERGENCY CONTACT PERSON IN AREA (Police & Fire purposes only):

NAME & TELEPHONE: _____

Business Ownership Type: Sole Proprietorship _____ Corporation _____ Partnership _____

If Partnership, list all names/home phone #'s, driver's license #'s, SSN's and home addresses on the back of this application.

NOTICE

A bill will be sent upon approval of this form based on the information contained in this application which is subject to City verification.

I DECLARE UNDER PENALTY OF PERJURY, THAT TO MY KNOWLEDGE, ALL INFORMATION IN THIS STATEMENT IS TRUE AND CORRECT.

SIGN HERE: _____ TITLE: _____

PRINT NAME: _____ DATE: _____

FOR OFFICE USE ONLY

TO BE COMPLETED BY THE PLANNING DEPARTMENT: _____ ZONING: _____

ALLOWABLE USE: () YES () NO USE PERMIT REQUIRED: _____

HOME OCCUPANCY PERMIT REQUIRED: () YES () NO REMARKS: _____

PERMITS REQUIRED: _____

LICENSE APPLICATION APPROVALS: (CIRCULATE IN THE PROPER ORDER, SIGN & DATE)

- 1. UTILITIES DEPT: _____
- 2. POLICE DEPT: _____
- 3. PLANNING DEPT: _____
- 4. CITY ATTORNEY: _____
- 5. PUBLIC WORKS DEPT: _____
- 6. BUILDING DEPT: _____
- 7. FIRE DEPT: _____
- 8. LICENSING DEPT: _____

| | | | | | | |
|-----------------------------------|----------------------------------|-------------------------------|-------------------------------|---------------------------------|--------------------------------------|---------------------------------|
| Classification _____ | Yearly _____ | Quarterly _____ | Category _____ | Loc _____ | Bus Grp _____ | S.I.C: _____ |
| Unit D _____ | Rate _____ | Adj _____ | Business Start Date _____ | | | |
| Gross Receipts \$ _____ | Business Yearly Amount \$ _____ | Business License No: _____ | | | | |
| Received <input type="checkbox"/> | Entered <input type="checkbox"/> | Paid <input type="checkbox"/> | Adj. <input type="checkbox"/> | Billed <input type="checkbox"/> | Certificate <input type="checkbox"/> | Posted <input type="checkbox"/> |

Supervisor Signature: _____

PARTNERSHIP INFORMATION

1) Name: _____
Address: _____

Home Phone _____
Business Phone: _____
Driver's License No: _____
Social Security No: _____

2) Name: _____
Address: _____

Home Phone _____
Business Phone: _____
Driver's License No: _____
Social Security No: _____

3) Name: _____
Address: _____

Home Phone _____
Business Phone: _____
Driver's License No: _____
Social Security No: _____

4) Name: _____
Address: _____

Home Phone _____
Business Phone: _____
Driver's License No: _____
Social Security No: _____

Please attach a separate sheet for any additional partners, including the above information for each.

WORKERS' COMPENSATION DECLARATION

Business Name: _____

Business Address: _____

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

NOTE: CHECK ONLY ONE BOX.

- I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this license is issued.

Provide Certificate of Self Insured

- I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the duration of any business activities conducted for which this license is issued.

My workers' compensation insurance carrier information:

Provide all of the following information to avoid delay process of application

Carrier: _____

Carrier Address: _____

Carrier City/State/Zip: _____

Carrier Phone No: _____

Policy Number: _____

Policy Expiration Date: _____

- 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 provisions of Section 3700 of the Labor Code. I shall forthwith comply with the provisions of Section 3700 of the Labor Code.

Signature: _____ Date: _____

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND COVERAGE IS CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$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.

ATWATER POLICE DEPARTMENT EMERGENCY CALL OUT LIST

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____

EMERGENCY CONTACTS:

1. NAME _____

PHONE _____

2. NAME _____

PHONE _____

3. NAME _____

PHONE _____

ALARM COMPANY: _____

ALARM COMPANY PHONE: _____

ALARMS: CIRCLE ONES THAT APPLIES

FIRE / BURGLAR / PANIC

SILENT / AUDIBLE ONLY / SPRINKLER ALARM

FAILURE TO COMPLETE AND RETURN THIS FORM WILL NOT ALLOW THE CITY/DATA FILES TO BE UPDATED TO REFLECT CORRECT INFORMATION REGARDING YOUR BUSINESS. THIS COULD RESULT IN OUR INABILITY TO CONTACT YOU IN AN EMERGENCY SITUATION.