



CITY OF WATERFORD BUSINESS LICENSE APPLICATION \$50.00

ALL THE BELOW INFORMATION IS REQUIRED BY WATERFORD MUNICIPAL CODE AND STATE OF CALIFORNIA LAWS AND REGULATIONS.

BUSINESS INFORMATION

BUSINESS NAME: _____

STREET ADDRESS: _____

CITY / STATE / ZIP: _____

BUSINESS TELEPHONE: _____

BUSINESS MAILING ADDRESS: _____

CITY / STATE / ZIP: _____

LEGAL FORM OF BUSINESS:

SOLE PROPRIETOR

CORPORATION

PARTNERSHIP

ASSOCIATION

LLC

OTHER _____

IS THIS BUSINESS OPERATED FROM YOUR HOME? YES NO

(IF YES, YOU MUST ALSO COMPLETE A HOME OCCUPATION APPLICATION, PER WMC 17.52)

WHAT IS THE PRINCIPAL BUSINESS ACTIVITY, PRODUCT OR SERVICE OF THE FIRM?

CALIFORNIA STATE LICENSE # (IF REQUIRED FOR BUSINESS) _____

CALIFORNIA STATE SALES TAX NUMBER (IF APPLICABLE) _____

TAX PAYER IDENTIFICATION NUMBER
(SOLE PROPRIETORS MAY USE SOCIAL SECURITY NUMBER) _____

OWNER INFORMATION

FOR SOLE PROPRIETORS, PARTNERSHIPS, AND LLC'S, PLEASE PROVIDE THE FOLLOWING INFORMATION:

OWNER # 1 NAME: _____ SSN#: _____

ADDRESS: _____

CITY / STATE / ZIP: _____

HOME PHONE: _____

OWNER # 2 NAME: _____ SSN#: _____

ADDRESS: _____

CITY / STATE / ZIP: _____

HOME PHONE: _____

OWNER # 3 NAME: _____ SSN#: _____

ADDRESS: _____

CITY / STATE / ZIP: _____

HOME PHONE: _____

NOTE: APPLICANTS INSIDE CITY LIMITS MUST CONTACT STANISLAUS FIRE FOR INSPECTION (552-3700). PLEASE ATTACH LIST OF ANY AND ALL SUB-CONTRACTORS. THEY ALSO MUST OBTAIN A BUSINESS LICENSE IN THE CITY OF WATERFORD. YOU MAY NEED TO OBTAIN A STATE SALES TAX PERMIT. CONTACT THE BOARD OF EQUALIZATION FOR ADVICE. COMPLETE THE ATTACHED EMERGENCY DATA SHEET AS SHOWN.

FEE: \$50.00 LICENSE FEE. FIRST YEAR IS PRORATED PER QUARTER REMAINING IN YEAR WHEN FIRST ISSUED. RENEWALS ARE ANNUAL, AND ARE ISSUED FOR FULL YEARS ONLY. LICENSE FEE VARIES WITH TYPE OF BUSINESS. **NO REFUND IF BUSINESS CLOSES.**

THE ABOVE INFORMATION IS CERTIFIED TO BE CORRECT TO THE BEST OF MY KNOWLEDGE:

APPLICANT NAME: _____
(PLEASE PRINT)

APPLICANT TITLE: _____

APPLICANT SIGNATURE: _____

FOR OFFICIAL USE ONLY

PLANNING DEPARTMENT _____ DATE _____ APPROVE DISAPPROVE

BUILDING DEPARTMENT _____ DATE _____ APPROVE DISAPPROVE

FIRE DEPARTMENT _____ DATE _____ APPROVE DISAPPROVE

HEALTH DEPARTMENT _____ DATE _____ APPROVE DISAPPROVE

COMMENTS:



CITY OF WATERFORD
BUSINESS EMERGENCY CALL LIST
BUSINESS LICENSE APPLICATION ATTACHMENT

THE FOLLOWING INFORMATION IS REQUESTED TO ENABLE EMERGENCY SERVICES TO CONTACT YOUR BUSINESS IN EMERGENCIES.
IF YOUR BUSINESS IS NOT LOCATED IN WATERFORD, YOU SHOULD STILL COMPLETE SECTION A FOR POLICE, MEDICAL EMERGENCY, AND FIRE INFORMATION.

NAME OF BUSINESS: _____

SECTION A:

NAME OF PERSON TO CONTACT IN CASE OF EMERGENCY: _____

TITLE: _____

TELEPHONE #:

DAYTIME: _____

NIGHTS: _____

IF WE CANNOT CONTACT THE ABOVE PERSON, WHO ELSE CAN WE CALL?

1. NAME: _____ PHONE: _____

2. NAME: _____ PHONE: _____

SECTION B:

DO YOU HAVE ANY SECURITY LIGHTS ON THE BUSINESS PREMISES? YES NO

IS YES, WHERE ARE THEY LOCATED? _____

IS THERE A BURGULAR ALARM? YES NO

WHAT TYPE OF ALARM? AUDIBLE SILENT

NAME OF ALARM COMPANY: _____

ALARM COMPANY PHONE # : _____