

# BUSINESS LICENSE APPLICATION

Commercial/Industrial



CITY OF WEST SACRAMENTO  
COMMUNITY DEVELOPMENT DEPARTMENT  
1110 West Capitol Avenue, 2nd Floor  
WEST SACRAMENTO, CA 95691  
916-617-4645



City of West Sacramento  
BUSINESS LICENSE APPLICATION PROCESS

The Business License Application, when completed, provides information to city departments responsible for protecting the health, safety and welfare of the community.

Business License Applications are provided by the Community Development Department located in City Hall at 1110 West Capitol Avenue, West Sacramento. This application has several exhibits which may not be applicable to all business, depending upon the nature of the business activity.

After receiving a completed Application and the processing fee, the Community Development Department will officially begin the application process. **Effective January 1, 2013, the City business license fee includes a \$1.00 surcharge pursuant to SB 1186, which imposed a surcharge on all new and renewing business licenses within the state. The fee for home based businesses is \$51.00. For commercial/industrial or non-local businesses the fee is \$77.00.**  
*Note: To be considered complete, an application and all appropriate exhibits must be completed in their entirety. All appropriate fees must also be paid.*

The process begins by the Community Development Department routing copies of the Application to appropriate city departments and, sometimes, to other regulatory agencies. These include Fire, Building, Police, and Yolo County Health Departments. A desk review by these departments may indicate (1) that no further information is necessary at this time, (2) that a physical inspection of the business premises is required, or (3) that possibly an applicant must obtain other permits, licenses or additional regulatory certificates.

**PLEASE NOTE:** Under federal and state law, compliance with disability access is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:

The Division of the State Architect at [www.dgs.ca.gov/dsa/Home.aspx](http://www.dgs.ca.gov/dsa/Home.aspx)

The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov)

The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov)

**Special Caution:** The issuance of a Business License is not necessarily the only permit, license, certificate and entitlement for use required by the city's ordinance and other laws. For example, you may be required to obtain a building permit, certificate of occupancy or use permit. You are responsible for ensuring that all necessary permits, licenses, certificates and entitlements have been obtained.



**Community Development  
Department**  
1110 West Capitol Avenue  
West Sacramento, CA 95691  
(916) 617-4645

## BUSINESS LICENSE APPLICATION

**Commercial/Industrial**

Business License #: \_\_\_\_\_

NAICS Code: \_\_\_\_\_

Application for:  New Business License  Renewal  Change of Ownership  Address Change/Update Records  
Ownership Type:  Corporation  Limited Liability Corporation  Partnership  Sole Proprietor

Business Name: \_\_\_\_\_

Business Location: \_\_\_\_\_  
(Physical Address; No P.O. Boxes)

Business Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Business Mailing Address (if different): \_\_\_\_\_

Owner/Corp. President: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Owner Address: \_\_\_\_\_

Second Owner / VP: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Manager: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Federal ID No. (FEIN): \_\_\_\_\_ State ID No. (SEIN): \_\_\_\_\_

Please provide a detailed description of proposed business: \_\_\_\_\_

\_\_\_\_\_

What was the previous use and who was the previous tenant? \_\_\_\_\_

\_\_\_\_\_

Type of Business:  Wholesale  Retail - Please provide Resale Number: \_\_\_\_\_

Contractor - Please provide CSLB #: \_\_\_\_\_

Manufacturing  Mobile  Other

Professional License No. \_\_\_\_\_

Gross receipts for this location (estimated): \_\_\_\_\_ # of employees (excluding owners) \_\_\_\_\_

Do you have an additional location in West Sacramento that is part of this business?  Yes  No

If yes, list address: \_\_\_\_\_

Did you have a previous location in West Sacramento for this business?  Yes  No

If yes, list address: \_\_\_\_\_

I declare under penalty of perjury that, to the best of my knowledge, the information provided herein on this application is true and correct. I understand that if issued a Business License, I will conduct business in a lawful manner and will obey the laws of the United States, the State of California and the City of West Sacramento, and that in conducting said business, said license is subject to suspension for violation of laws and ordinances.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_



COMMUNITY DEVELOPMENT DEPARTMENT  
 1110 WEST CAPITOL AVENUE  
 WEST SACRAMENTO, CA 95691  
 (916) 617-4645

## Exhibit A LAND USE QUESTIONNAIRE

Business Name: \_\_\_\_\_

The City's Zoning Ordinance was adopted to "promote and protect the public health, safety, morals, comfort, convenience and general welfare"; and to "provide a plan for sound and orderly development and to ensure social and economic stability. Accordingly, all applicants of businesses occupying real property within the City shall complete this Exhibit A so that Community Development can review the proposed use for compliance with the Zoning Ordinance.

### BUSINESS USE

1. Will the business serve food or drink intended for human consumption? .....  Yes  No
2. Will alcoholic beverages be served or sold? .....  Yes  No  
     If yes, please provide ABC License No. \_\_\_\_\_
3. Will tobacco or tobacco products be sold? .....  Yes  No  
     *(If yes, a tobacco retailer permit may be required. See Municipal Code Chapter 9.30.)*
4. Will the business dispense or provide for drugs, drug treatment, narcotics or controlled substances? .....  Yes  No
5. Will the business devote or intend to devote 25% or more of its merchandise or floor area to adults-only, X-rated or sexually-oriented material? .....  Yes  No  
     *(If yes, please contact the Community Development Department as certain zoning requirements may apply. See Municipal Code Chapter 17.46.)*
6. Will the business sell or store firearms, ammunition, or explosives? .....  Yes  No  
     If yes, please provide Federal Firearms License No. \_\_\_\_\_
7. Will the business be conducted entirely out of a house or apartment? .....  Yes  No
8. Will the business involve the storage of any materials outside of enclosed buildings? .....  Yes  No  
     If yes, please explain: \_\_\_\_\_  
     \_\_\_\_\_
9. Is the outdoor storage area screened from view from the public street? .....  Yes  No
10. Will the business or any equipment used in the business generate dust, noise, or glare beyond the property line? .....  Yes  No  
     If yes, please explain: \_\_\_\_\_  
     \_\_\_\_\_
11. Will the business engage in, carry on, or permit any kind of massage? .....  Yes  No  
     *(If yes, a massage permit may be required. See Municipal Code Chapter 17.46.)*

### FACILITIES

1. Will any new structures be built or existing structures expanded or remodeled with the establishment of this business? *(If yes, please contact the Building Dept. for permit requirements)* .....  Yes  No
2. Billiards, card games or bingo (separate license required)? .....  Yes  No
3. Swimming, sauna, steam room, spa, massage or other health club use? .....  Yes  No
4. Guard dogs; burglar, intrusion, fire, or robbery alarms; separate security personnel? .....  Yes  No
5. Will the business have any form of live, electronic, or other indoor entertainment? .....  Yes  No

I declare under penalty of perjury that, to the best of my knowledge, the information provided on this application is true and correct.

Applicant's Signature: \_\_\_\_\_ Relationship to business: \_\_\_\_\_

Date: \_\_\_\_\_



WEST SACRAMENTO FIRE DEPARTMENT  
 2040 LAKE WASHINGTON BLVD.  
 DEPARTMENT OF PUBLIC WORKS  
 1110 WEST CAPITOL AVENUE  
 WEST SACRAMENTO, CA 95691  
 (916) 617-4600 / (916) 617-4850

Exhibit B  
**FIRE DEPARTMENT &  
 INDUSTRIAL PRETREATMENT**

Business Name: \_\_\_\_\_

*The West Sacramento Fire Department administers fire and life safety regulations for all properties located within the city limits of West Sacramento. Permits must be obtained from the Fire Department for special events, public assembly occupancies, storage or use of hazardous materials, hazardous operations such as hot work and spray finishing, storage of high-piled combustible materials and a wide variety of other activities where a fire or life safety hazard may exist. This exhibit also helps the City identify those businesses that may require a Waste Water Discharge Permit in accordance with the City of West Sacramento's Municipal Code.*

**LOCAL BUSINESSES ONLY:**

In order to assist you in determining whether a fire permit is required for your business, please see the list below of different types of operations that may require permits and inspections from the Fire Department. Please mark the box that best indicates the type of business you will be conducting (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Automotive repair | <input type="checkbox"/> Residential Care Facility          |
| <input type="checkbox"/> Child Care        | <input type="checkbox"/> Retail Sales                       |
| <input type="checkbox"/> Home Office       | <input type="checkbox"/> Restaurant or Dining Establishment |
| <input type="checkbox"/> Manufacturing     | <input type="checkbox"/> Warehousing                        |
| <input type="checkbox"/> Office            |   |

**ALL BUSINESSES:**

As part of the business identified on this application, I may be conducting one or more of the following within the City of West Sacramento (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Storage or use of compressed gases (i.e. propane, oxygen, acetylene, argon, helium, etc.)   | <input type="checkbox"/> Welding, grinding, cutting, or other hot work operations |
| <input type="checkbox"/> Storage or use of hazardous materials (i.e. any type of fuel, kerosene, solvent, detergent, cleaner, corrosive, aerosol, explosive, radioactive material, etc.) | <input type="checkbox"/> Spray painting   |
| <input type="checkbox"/> Storage of materials at or above 12 feet in height  | <input type="checkbox"/> Use of industrial ovens                                  |
|  | <input type="checkbox"/> None of the above  |

*The City of West Sacramento has adopted the 2010 California Fire Code, Title 24, Part 9 of the California Code of Regulations along with local amendments. If you have any questions regarding this application or requirements contained in the 2010 California Fire Code please contact the Fire Prevention Division at (916) 617-4600 or go to our website at: <http://www.cityofwestsacramento.org/city/depts/fire/prevention/default.asp>.*

Do you store any of the following (check all that apply):

- |                          |                              |                             |
|--------------------------|------------------------------|-----------------------------|
| Chemicals . . . . .      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Petroleum Oils . . . . . | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fuels . . . . .          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- |                               |                              |                             |
|-------------------------------|------------------------------|-----------------------------|
| Cleaners . . . . .            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hazardous Materials . . . . . | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Solvents . . . . .            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Does your facility have any of the following (check all that apply):

- |                               |                              |                             |
|-------------------------------|------------------------------|-----------------------------|
| Warehouse . . . . .           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Floor Drains . . . . .        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Vehicle Maintenance . . . . . | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Steam Cleaner . . . . .       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cooling Tower . . . . .       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cafeteria Services . . . . .  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- |                             |                              |                             |
|-----------------------------|------------------------------|-----------------------------|
| Outside Storage . . . . .   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Vehicle Wash Rack . . . . . | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fuel Islands . . . . .      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pressure Washer . . . . .   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Boiler . . . . .            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Any other information related to your sewer discharge: \_\_\_\_\_

Number of employees: \_\_\_\_\_

Any shift work?  Yes  No

Contact Name and Title (Please Print): \_\_\_\_\_

I declare under penalty of perjury that, to the best of my knowledge, the information provided on this application is true and correct. Purposely falsifying information on this questionnaire carries civil and criminal liability of up to \$25,000 under the California Government Code relating to Sanitation.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_



## Yolo-Solano Air Quality Management District

1947 Galileo Court, Suite 103  
Davis, CA 95618

PHONE (530) 757-3650; (800) 287-3650 FAX (530) 757-3670

Name of Business: \_\_\_\_\_

Location: \_\_\_\_\_ Contact Phone # \_\_\_\_\_

**Please note: If you answered YES to questions 2 or 3 you MUST conduct an asbestos survey.**

1. Description of work being done (building permit) or Nature of Business (business license):  
\_\_\_\_\_
2. Will your activity involve the demolition of a load bearing wall or structural member?  
YES \_\_\_\_\_ NO \_\_\_\_\_  
\* If you answered YES then you must conduct an asbestos survey **and** submit the results with an Asbestos Demolition/Renovation Form to the Yolo-Solano AQMD.
3. Is your activity a renovation, remodel or tenant improvement of an existing structure?  
YES \_\_\_\_\_ NO \_\_\_\_\_  
\* If you answered YES then you must conduct an asbestos survey **and** submit the results to the Yolo-Solano AQMD for approval.
4. Is a copy of the asbestos survey attached?  
YES \_\_\_\_\_ NO \_\_\_\_\_
5. Does the business use, process or have equipment or products, which emit emissions or would otherwise require a permit from the Yolo-Solano AQMD? *(See attached list for potential permitted processes)*  
YES \_\_\_\_\_ NO \_\_\_\_\_  
If YES, have you submitted an application for a permit?  
YES \_\_\_\_\_ NO \_\_\_\_\_
6. Does your facility have any current permit(s) with the Yolo-Solano AQMD?  
YES \_\_\_\_\_ NO \_\_\_\_\_

I, the undersigned, certify under penalty of perjury that the above information is true and correct.

Signature of Company Representative: \_\_\_\_\_ Date: \_\_\_\_\_



# COUNTY OF YOLO COUNTY

Department of Community Services

Environmental Health Division

292 W. Beamer Street, Woodland CA 95695

Phone: (530) 666-8646 Fax: (530) 669-1448

## ENVIRONMENTAL HEALTH LAND USE REVIEW SURVEY

A building or business license application may require a review from Yolo County Environmental Health (YCEH) to ensure the compliance with County, State and Federal laws and regulations. Please complete this survey and answer questions pertaining to each YCEH unit and submit it as part of your complete application.

Site address:	City:	Zip code:
Existing business? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of business:	
Property and/or owner of business name:		
Phone number:	Email:	
Mailing address:	City:	Zip code:

Project Description: \_\_\_\_\_  
\_\_\_\_\_

Please answer the questions below pertaining to different units in Environmental Health to the best of your knowledge:

### For Land Use Unit

1. Will your building or facility use a well for your drinking water source?  Yes  No
2. Will your building or facility use an onsite wastewater treatment system (i.e. septic system)?  Yes  No
3. Will your building or facility generate waste tires onsite?  Yes  No
4. Will your building or facility haul 10 or more waste tires at one time?  Yes  No
5. Will your building or facility conduct solid waste related operations including chipping, grinding and composting?  
 Yes  No
6. Are there unused septic tanks and/or wells on this site?  Yes  No

### For Consumer Protection Unit

1. Will your building or facility store, prepare, package, serve, vend, or otherwise provide food for human consumption at the retail level?  Yes  No (*"Retail" means the storing, preparing, serving, manufacturing, packaging, transporting, salvaging, or otherwise handling food (any edible substance incl. beverage and ice) for dispensing or sale directly to the consumer or indirectly through a delivery service.*)
2. Will your building or facility have a public pool/spa? (A public pool/spa includes but is not limited to pools/spas located at hotels, motels, apartments, schools, health clubs etc.)  Yes  No
3. Will your building or facility be used for tattooing, body piercing or permanent cosmetics?  Yes  No

### For Hazardous Materials Unit

1. Will your building or facility handle or store any hazardous materials (a hazardous material is a chemical that is flammable, corrosive, reactive or toxic)?  Yes  No
2. Will your building or facility generate hazardous materials waste (i.e. used oil)?  Yes  No
3. Are there unused/abandoned hazardous materials storage containers on this site?  Yes  No

**\*\* Please turn over to complete and sign form \*\***

**If you answered "yes" to Hazardous Materials question #1 or #2, please complete questions 1-10 below. Otherwise, you can skip the following questions:**

1. Will your commercial facility handle any hazardous materials in quantities greater than 500 pounds, 55 gallons or 200 cubic feet of compressed gas?  Yes  No
  
2. Will your commercial facility repair or maintain motor vehicles or motorized equipment?  Yes  No  
If yes, will your facility handle any of the following?  
Motor oil  Yes  No      Gasoline  Yes  No      Grease  Yes  No  
Antifreeze  Yes  No      Hydraulic Oil  Yes  No      Diesel  Yes  No
  
4. Will your commercial facility have an above ground storage tank (AST?)  Yes  No
  
5. Will your commercial facility sell motor vehicle fuel?  Yes  No  
If yes, will your commercial facility have an underground storage tank (UST?)  Yes  No
  
6. Will your commercial facility engage in welding operations?  Yes  No  
If yes, will your commercial facility handle more than one cylinder of acetylene, oxygen, shielding or other welding gases?  Yes  No
  
6. Will your commercial facility operate forklifts?  Yes  No  
If yes, will your facility store more than one extra cylinder of propane?  Yes  No
  
7. Will your commercial facility store batteries with 55 gallons or more of acid?  Yes  No
  
8. Will your commercial facility engage in photography?  Yes  No  
If yes, will your commercial facility generate photographic waste fluid?  Yes  No
  
9. Will your commercial facility engage in x-ray processing?  Yes  No  
If yes, will your commercial facility generate x-ray processing waste fluid?  Yes  No
  
10. Will your facility handle yard trimmings, untreated wood wastes, natural fiber waste, or construction and demolition wood waste?  Yes  No  
If yes, are these materials managed in a way which would allow them to reach 122 degrees Fahrenheit?  Yes  No

If you answered "yes" to any of the above questions under hazardous materials unit, you may be required by State law to submit a Hazardous Materials Business Plan to YCEH. Failure to comply with this requirement could result in fines of up to \$2,000.00 per day. As of January 1, 2013, business plans must be filed by going to the California Environmental Reporting System (CERS) website (<http://cers.calepa.ca.gov>), creating an account, entering required hazardous materials information, and submitting the information for approval by YCEH. For assistance with CERS submittal, please call our office at (530) 666-8646 and ask to speak with a hazmat specialist.

***I hereby certify that the information in this document is true and correct to the best of my knowledge.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_



GENERAL PROCESSES WHICH  
MAY REQUIRE AIR QUALITY  
PERMITS

Agricultural Products: Grain/Seed/Nut/Food processing; Bulk receiving/storage/packaging/shipping

Chemicals and Plastics: Fiberglass/Plastics products; Manufacturing/Processing/Repair; Agricultural (ammonia)-Pharmaceuticals; Cultured Marble

Coating Operation: Automotive/Metal/Wood/Plastic Products; Solvents; Varnishing; Degreasing

Boilers: On site boilers (heat input > 1,000,000 BTU/Hr)

Dry Cleaning: Cleaning taking place on the premises (Perchloroethylene or Hydrocarbon)

Gasoline Storage and Dispensing: Fuel Dispensing / Bulk Storage

Incineration: Any type of waste

Internal Combustion Engines: Gasoline/Diesel/Natural gas powered engines 50 brake horsepower and larger including emergency generators

Mining and Mineral Processing: Concrete Storage/Bagging/Mixing; Abrasive Blasting; Soil Mixing/Storage; Aggregate Processing; Asphalt Batch Plants; Concrete Batch Plants; Mining Operations

Woodworking: Assembly/Sawing/Sanding

Natural Gas Dehydration System

Remediation: Groundwater / Soil

Pharmaceutical: Tablet Coating/Printing; Manufacturing; Sanitization

Plasma or Laser Cutting Tables

Printing: Offset Lithographic; Letterpress; Newspaper; Pad; Silk Screen

Portable Equipment: Crushers/Grinders/Screeners; Internal Combustion Engines 50 brake horsepower and larger; Abrasive Blasting; Concrete Batch Plant

*For questions on a process that you do not see above please call the Yolo-Solano AQMD at (530) 757-3650, or toll-free in the (530), (916), and (707) area codes at (800) 287-3650.*

# ADDITIONAL LICENSING INFORMATION

<p><b>Resale Number</b> It is mandatory that you contact the State Board of Equalization if your business is required to collect State of California Sales Tax.</p>	<p>State Board of Equalization 3321 Power Inn Road, Suite 210 Sacramento, CA 95826 916-227-6700</p>		
<p><b>State Employers Id Number (SEIN)</b> If you have employees for whom you withhold payroll taxes, you are required to obtain a State Employers Identification Number.</p>	<p>916-654-8706</p>		
<p><b>Federal Employers Id Number (Fein)</b> If you have employees for whom you withhold payroll taxes, you are required to obtain a Federal Employers Identification Number.</p>	<p>Internal Revenue Service 4330 Watt Avenue North Highlands, Ca 95660 1-800-829-3676</p>		
<p><b>Sacramento Licensing</b> If your business travels into the City or County of Sacramento, it is necessary to contact them regarding any necessary additional listing.</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <p>City of Sacramento Department of Revenue 915 I Street, #1214 Sacramento, CA 95814 916-808-5852</p> </td> <td style="width: 50%; border: none;"> <p>Sacramento County Business License Division 700 H Street, #1710 Sacramento, CA 95814 916-874-6644</p> </td> </tr> </table>	<p>City of Sacramento Department of Revenue 915 I Street, #1214 Sacramento, CA 95814 916-808-5852</p>	<p>Sacramento County Business License Division 700 H Street, #1710 Sacramento, CA 95814 916-874-6644</p>
<p>City of Sacramento Department of Revenue 915 I Street, #1214 Sacramento, CA 95814 916-808-5852</p>	<p>Sacramento County Business License Division 700 H Street, #1710 Sacramento, CA 95814 916-874-6644</p>		
<p><b>Yolo County Licensing</b> Businesses within the city limits of West Sacramento do not need a county license unless their business is also conducted in the unincorporated area of Yolo County.</p>	<p>Yolo County Planning &amp; Public Works 292 West Beamer Street Woodland, CA 95695 530-666-8775</p>		
<p><b>Fictitious Business Name</b> Businesses not using the owner's legal last name in the title of the business must file for a fictitious business name.</p>	<p>Yolo County Clerk Recorder 625 Court Street, Room 105 Woodland, CA 95695 916-375-6479 or 530-666-8130 <a href="http://www.yolorecorder.org/recording/fictitious">www.yolorecorder.org/recording/fictitious</a></p>		
<p><b>Contractors State Licensing Board</b> Anyone performing construction work in California that totals \$500 or more in labor and materials must be licensed by CSLB</p>	<p>9821 Business Park Drive Sacramento, CA 95827 (800) 321-CSLB <a href="http://www.cslb.ca.gov">www.cslb.ca.gov</a></p>		
<p><b>Department of Consumer Affairs</b></p>	<p>Consumer Information Center: (800) 952-5210 E-mail: <a href="mailto:dca@dca.ca.gov">dca@dca.ca.gov</a></p> <p>Department of Consumer Affairs Consumer Information Division 1625 North Market Blvd., Suite N 112 Sacramento, CA 95834</p>		