BUSINESS LICENSE APPLICATION

Non-Local

CITY OF WEST SACRAMENTO
COMMUNITY DEVELOPMENT DEPARTMENT
1110 West Capitol Avenue, 2nd Floor
WEST SACRAMENTO, CA 95691
916-617-4645
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 available at the Community Development Department located in City Hall at 1110 West Capitol Avenue, 2nd Floor, West Sacramento, CA 95691. You may also download a PDF copy or submit an electronic application online at www.cityofwestsacramento.org. This application has several exhibits which may not be applicable to all business, depending upon the nature of the business.

After receiving a completed application and processing fee, the Community Development Department will officially begin the application process. To be considered complete, the application and all appropriate exhibits must be completed in their entirety. Business license fees are as follows:

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<tr>
<th></th>
<th>Commercial/Industrial</th>
<th>Non-Local</th>
<th>Home Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business License Fee</td>
<td>$76</td>
<td>$76</td>
<td>$50</td>
</tr>
<tr>
<td>SB1186 Fee</td>
<td>$4</td>
<td>$4</td>
<td>$4</td>
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<tr>
<td><strong>TOTAL DUE</strong></td>
<td><strong>$80</strong></td>
<td><strong>$80</strong></td>
<td><strong>$54</strong></td>
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The Community Development Department routes copies of the business license application to appropriate city departments and, sometimes, to other regulatory agencies. These may include Planning, Fire, Building, Code Enforcement, and Yolo County Environmental Health. 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 an applicant must obtain other permits, licenses or additional regulatory approvals.

**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
- The Department of Rehabilitation at www.rehab.ca.gov
- The California Commission on Disability Access at www.ccda.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.
Non-Local business license applicants please note:

You must complete both the information page and Exhibit B (Fire Department and Industrial Pretreatment) in their entirety. Please fill out Exhibit B as it pertains to the job(s) you will be completing in the City. Failure to complete Exhibit B at the time of submission may slow the processing of your application.
BUSINESS LICENSE APPLICATION

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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; State, Zip Code, No P.O. Boxes)

Business Phone: (____)________________________ Email Address: __________________________

Business Mailing Address (if different): __________________________________________

Owner/Corp. President: __________________________ Phone: (____)________________________

Driver’s License or Identification Number & Expiration Date: __________________________

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 ______________________

Revised 4/5/2016
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):

- [ ] Automotive repair
- [ ] Child Care
- [ ] Home Office
- [ ] Manufacturing
- [ ] Office
- [ ] Residential Care Facility
- [ ] Retail Sales
- [ ] Restaurant or Dining Establishment
- [ ] Warehousing

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):

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

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

- Chemicals .................. [ ] Yes [ ] No
- Petroleum Oils ............... [ ] Yes [ ] No
- Fuels ........................ [ ] Yes [ ] No
- Cleaners .................... [ ] Yes [ ] No
- Hazardous Materials ....... [ ] Yes [ ] No
- Solvents ..................... [ ] Yes [ ] No

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

- Warehouse ................. [ ] Yes [ ] No
- Floor Drains ................. [ ] Yes [ ] No
- Vehicle Maintenance ...... [ ] Yes [ ] No
- Vehicle Wash Rack ........ [ ] Yes [ ] No
- Steam Cleaner .............. [ ] Yes [ ] No
- Fuel Islands ............... [ ] Yes [ ] No
- Pressure Washer .......... [ ] Yes [ ] No
- Cooling Tower ............ [ ] Yes [ ] No
- Boiler ...................... [ ] Yes [ ] No
- Cafeteria Services ....... [ ] Yes [ ] 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: __________________________

Revised 10/1/11