



# City of Willows

## Business License Application

• Business Licensing Division •

8839 N Cedar Ave #212, Fresno, California 93720  
PH (530) 773-5075 • FAX (909) 348-0465

### OFFICIAL USE ONLY

Business License No. \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
NAIC Code \_\_\_\_\_  
License Fee \$ \_\_\_\_\_  
Check # \_\_\_\_\_  Credit Card  Cash

#### PLEASE TYPE OR PRINT WITH PEN

**Business Name** \_\_\_\_\_ **Bus. Start Date** \_\_\_\_\_

**Corporate Name** \_\_\_\_\_  New Application  Change  Home Occupation  
(if applicable)

**Business Location** \_\_\_\_\_ **Email Address** \_\_\_\_\_  
(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)

**Mailing Address** \_\_\_\_\_ **State Sales Tax No.** \_\_\_\_\_

**Phone No.** \_\_\_\_\_ **Alt. Phone No.** \_\_\_\_\_ **Federal ID No.** \_\_\_\_\_

**Description of Business** \_\_\_\_\_ **State ID No.** \_\_\_\_\_

**Ownership**  Corporation  Corp-Ltd Liability  Partnership  Sole Proprietor  Trust  Non-Profit

**State License No.** \_\_\_\_\_ **State License Type** \_\_\_\_\_

**Expire Date** \_\_\_\_\_

#### PERSONAL INFORMATION - Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary)

**1st Owner Name** \_\_\_\_\_ **Title** \_\_\_\_\_ **Social Security No.** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **Driver's License No.** \_\_\_\_\_  
(Cannot be P.O. Box)

**Phone No.** \_\_\_\_\_ **Other ID No.** \_\_\_\_\_

**2nd Owner Name** \_\_\_\_\_ **Title** \_\_\_\_\_ **Social Security No.** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **Driver's License No.** \_\_\_\_\_  
(Cannot be P.O. Box)

**Phone No.** \_\_\_\_\_ **Other ID No.** \_\_\_\_\_

Yes  No Do you have any coin-operate machines (any type) on premises? If so, provide the total amount \_\_\_\_\_ and complete SECTION A on the back of the application.  
 Yes  No Do you lease equipment from others? If Yes, provide more information on the back of the application in SECTION B.

Per AB 2184, you may protect your residential address by providing a different Service of Process address in accordance with Sections 16000.1(a)(2) and 16100.1(a)(2) of the Business and Professions Code. To do so, please fill out the section on the back of this form.

#### EMERGENCY NOTIFICATION - In case of emergency and I cannot be reached, please call:

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

#### PLEASE FILL IN THE APPROPRIATE BOXES BELOW AND SIGN

**CERTIFICATION AND ACKNOWLEDGEMENT** I declare under penalty of perjury that the statements made in this application are true. I further agree that business shall be conducted in accordance with the City of Willows Municipal Code. I understand that Sales or Use Tax may apply to my business activities. Upon issuance of a Business License, it shall be my responsibility to renew the license before the expiration date.

#### SIGN HERE

➔ \_\_\_\_\_  
Signature of Owner or Representative

Title \_\_\_\_\_ Date \_\_\_\_\_

*Thank you for doing business in the City of Willows*

#### Business License Application Fees

# of employees  # of Rental Units

Estimated Gross Receipts \$

**NOTICE:** Under federal and state law, compliance with disability access laws 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](http://www.dgs.ca.gov/dsa) - The Department of Rehabilitation at [www.dor.ca.gov](http://www.dor.ca.gov) - The California Commission on Disability Access at [www.ccda.ca.gov](http://www.ccda.ca.gov).

**RETURN APPLICATION BY MAIL TO:**  
City of Willows - Business Licensing  
8839 N. Cedar Ave #212  
Fresno, CA 93720-1832

**SCAN & RETURN APPLICATION BY EMAIL TO:**  
[Willows@hdlgov.com](mailto:Willows@hdlgov.com)

**SERVICE OF PROCESS ADDRESS, PURSUANT TO AB 2184 - AVAILABLE FOR PUBLIC INSPECTION**

If you wish to protect your residential address with a different service of process address, please provide it here.

NOTE - if your service of process address is a post office box or private mailbox, it must comply with paragraph (2) of subdivision (b) of Section 17538.5 of the California Business and Professions Code.

Service of Process Address \_\_\_\_\_  
\_\_\_\_\_

Residential Address to protect       Business Location       Mailing Address       Owner/Partner/Officer Address

**NPDES PERMIT PROGRAM, PURSUANT TO SB 205 - STORMWATER DISCHARGE**

\*If you are a business that is a regulated industry with storm water discharge requirements in accordance with the SB 205 NPDES permit program, please complete the following:

SIC # \_\_\_\_\_ Permit # \_\_\_\_\_

\*Otherwise, please provide the following identification numbers:

Notice of Non-Applicability # \_\_\_\_\_ OR No Exposure Certification # \_\_\_\_\_

If you do not have an SIC number or a Permit number, or if you are unaware of the requirement, please contact the State Water Resources Control Board at [www.waterboards.ca.gov/water\\_issues/programs/stormwater/contact.html](http://www.waterboards.ca.gov/water_issues/programs/stormwater/contact.html). The State Water Resources Control Board will issue your "Water Discharge Identification Number", "Notice of Non-Applicability" identification number, or "No Exposure Certification" identification number.

**SECTION A**

List below the name and address of the owners of the coin operated vending and amusement machines located on your business premises:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION B**

List below the name and address or owners of the equipment you lease, which is located on your business premises:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT NOTICE**

Please note that on September 19, 2012, Governor Brown signed into law SB 1186, which adds a State of California \$4.00 fee onto any applicant for, or renewal of, a local business license. The purpose of this fee is to increase disability access and compliance with construction related accessibility requirements and to develop educational resources for business in order to facilitate compliance with Federal and State Disability Laws. You may remit the total (the business license fee plus State SB1186 fee) in one payment.