



**NOTE:** APPLICANTS INSIDE CITY LIMITS MUST CONTACT STANISLAUS FIRE FOR INSPECTION (562-3700). 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:** \$51.00 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. SB 1186 - \$1.00 ADD-ON STATE FEE TO IMPROVE COMPLIANCE WITH DISABILITY ACCESS REQUIREMENTS. 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 _____	<input type="checkbox"/> APPROVE	<input type="checkbox"/> DISAPPROVE
BUILDING DEPARTMENT	_____	DATE _____	<input type="checkbox"/> APPROVE	<input type="checkbox"/> DISAPPROVE
FIRE DEPARTMENT	_____	DATE _____	<input type="checkbox"/> APPROVE	<input type="checkbox"/> DISAPPROVE
HEALTH DEPARTMENT	_____	DATE _____	<input type="checkbox"/> APPROVE	<input type="checkbox"/> DISAPPROVE
PUBLIC WORKS DEPT	_____	DATE _____	<input type="checkbox"/> FOG APPL.	<input type="checkbox"/> NA
SHERIFF DEPARTMENT	_____	DATE _____	<input type="checkbox"/> APPROVE	<input type="checkbox"/> 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.

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NAME OF BUSINESS: \_\_\_\_\_

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**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: \_\_\_\_\_

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**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 #: \_\_\_\_\_