



# CITY OF WATERFORD BUSINESS LICENSE APPLICATION \*\$54.00

ALL THE BELOW INFORMATION IS REQUIRED BY WATERFORD MUNICIPAL CODE AND STATE OF CALIFORNIA LAWS AND REGULATIONS. \*SB 1186 - \$4.00 ADD-ON STATE FEE TO IMPROVE COMPLIANCE WITH DISABILITY ACCESS REQUIREMENTS.

## BUSINESS INFORMATION

**BUSINESS NAME:** \_\_\_\_\_  
**STREET ADDRESS:** \_\_\_\_\_  
**CITY / STATE / ZIP:** \_\_\_\_\_  
**BUSINESS TELEPHONE:** \_\_\_\_\_  
**BUSINESS MAILING ADDRESS:** \_\_\_\_\_  
**CITY / STATE / ZIP:** \_\_\_\_\_  
**EMAIL ADDRESS:** \_\_\_\_\_

### 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:** \$54.00 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 - \$4.00 ADD-ON STATE FEE TO IMPROVE COMPLIANCE WITH DISABILITY ACCESS REQUIREMENTS. NO REFUND IF BUSINESS CLOSSES.

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

APPLICANT NAME: \_\_\_\_\_  
(PLEASE PRINT)

APPLICANT TITLE: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

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**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:**

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