

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



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 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:

	Commercial/Industrial	Non-Local	Home Occupation
Business License Fee	\$76	\$76	\$50
SB1186 Fee	\$4	\$4	\$4
TOTAL DUE	\$80	\$80	\$54

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.cahwnet.gov

The California Commission on Disability Access at 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.

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.



**Community Development
Department**

1110 West Capitol Avenue
West Sacramento, CA 95691
(916) 617-4645

BUSINESS LICENSE APPLICATION

Non-Local

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; 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 _____



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 | Cleaners | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Petroleum Oils | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Hazardous Materials | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fuels | <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 | Outside Storage | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Floor Drains | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Vehicle Wash Rack | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Vehicle Maintenance | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Fuel Islands | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Steam Cleaner | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Pressure Washer | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cooling Tower | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Boiler | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cafeteria Services | <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: _____