



City of Willits  
 111 E Commercial St.  
 Willits, CA 95490  
 707-459-7113

***BUSINESS LICENSE APPLICATION***

Name of Business: \_\_\_\_\_ Owner's Name: \_\_\_\_\_  
 Business Address: \_\_\_\_\_ Owner's Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Business Phone #: \_\_\_\_\_ Owner's Phone #: \_\_\_\_\_  
 Business Email: \_\_\_\_\_ Owner's Email: \_\_\_\_\_  
 Federal Emp. I.D.# (FEIN): \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 State Emp.# (SEIN): \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_  
 State Board of Equalization # (BEAN): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 State License #: \_\_\_\_\_ (i.e. Building Contractor, Medical, Cosmetology, etc.)

Type of Ownership: \_\_\_\_\_ Sole Proprietorship (S) \_\_\_\_\_ Partnership (P) \_\_\_\_\_ Independent Contractor \_\_\_\_\_ Corporation (C)  
 \_\_\_\_\_ Trust (T) \_\_\_\_\_ Corporation (Non Profit) \_\_\_\_\_ (Number)

Describe in detail Business Activities and Where Conducted: \_\_\_\_\_

*Will you be conducting retail tobacco sales? - YES { } NO { } (if yes, please complete Tobacco Retailer's License Application)*

Business Manager: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Any Physical Alterations to Property? (Describe): \_\_\_\_\_  
 # of parking spaces in or adjacent to Building: \_\_\_\_\_ # of Rentals ( if Rental Business): \_\_\_\_\_ Will Signs be required? \_\_\_\_\_

***NO MERCHANDISE OR SIGNS MAY BE DISPLAYED ON THE SIDEWALK AT ANY TIME AS IT IS PROHIBITED UNDER THE CALIFORNIA CONSTRUCTION ARTICLE 16***

*Sales or use tax may apply to your business activities. You may seek written advice regarding the application of tax to your particular business by writing to the nearest State Board of Equalization Office. For general information, go to [www.boe.ca.gov](http://www.boe.ca.gov) or please call the State Board of Equalization @ (800) 400-7115.*

**CITY OF WILLITS PROCESS FEE MINIMUM (other processing costs as applicable may apply): \$ 20.00**  
**DISABILITY ACCESS AND EDUCATION FEE \$ 4.00**  
**TOTAL FEE TO BE PAID \$ 24.00**

Print Name of Applicant: \_\_\_\_\_ Home Address: \_\_\_\_\_  
 Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

.....  
**\*\*\* FOR DEPARTMENTAL USE ONLY \*\*\***

<b>APPROVALS:</b>	<u>DATE</u>		<u>DATE</u>
Sewer/Water:	_____	_____	_____
Planning:	_____	_____	_____
Building:	_____	_____	_____
		<b>Police:</b>	_____
		<b>Fire:</b>	_____
		<b>Engineering:</b>	_____

**CITY OF WILLITS**  
**111 E. Commercial St.**  
**Willits, CA 95490**  
**(707) 459-4601**  
**Fax: (707) 459-1562**

***TOBACCO RETAILER'S LICENSE APPLICATION***

List business name, address and telephone number of single fixed location for tobacco sales:

<u>Name</u>	<u>Address</u>	<u>Telephone</u>
_____	_____	_____
_____	_____	_____

Have you previously been issued a Tobacco Retailer's License? YES [ ] NO [ ]

License #: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Was this license ever revoked or suspended? YES [ ] NO [ ]

If yes:

<u>Suspended</u>	<u>Date</u>	<u>Revoked</u>	<u>Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List name, address and telephone number of each Proprietor:

<u>Name</u>	<u>Address</u>	<u>Telephone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List name, address and telephone number of each Proprietor authorized to receive all license-related communications and notices (the "Authorized Address"):

<u>Name</u>	<u>Address</u>	<u>Telephone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Manager's name and telephone number: \_\_\_\_\_

## WORKERS' COMPENSATION DECLARATION

I hereby affirm, under penalty of perjury, one of the following declarations:

- I have and will maintain a certificate of constant to self-insure for workers' compensation, as provided by Section 3700, for the duration of any business activities conducted for which this license is issued.
  
- I have and will maintain workers' compensation insurance, as required by Section 3700, for the duration of any business activities conducted for which this license is issued.

My workers' compensation insurance carrier and policy number are:

Carrier: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration: \_\_\_\_\_

- I certify that in the performance of any business activities for which this license is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with the provisions of Section 3700.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

***Warning: Failure to secure Workers' Compensation Coverage is unlawful, and shall subject an employer to criminal penalties and civil fines up to \$100,000, in addition to the cost of compensation, damages as provided for in Section 3706 of the Labor Code, interest and Attorney's fees.***

WILLITS POLICE DEPARTMENT

**BUSINESS RESPONSIBLE INFORMATION**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Nearest Cross Street: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Is your Fax # connected to your Telephone #?     Yes     No

Is your Fax # on a separate line?     Yes     No

Email Address: \_\_\_\_\_

Alarm Company Name & Phone #: \_\_\_\_\_

Type of Alarm: \_\_\_\_\_

**FIRST** Person to Call in an Emergency:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Will this person respond 24 hours a day?  
\_\_\_\_\_

Does this person have keys needed to enter all areas?  
\_\_\_\_\_

**SECOND** Person to Call in an Emergency:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Will this person respond 24 hours a day?  
\_\_\_\_\_

Does this person have keys needed to enter all areas?  
\_\_\_\_\_

**THIRD** Person to Call in an Emergency:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Will this person respond 24 hours a day?  
\_\_\_\_\_

Does this person have keys needed to enter all areas?  
\_\_\_\_\_

Are guns kept in this building?       Yes       No    Dogs?       Yes       No

Is there light inside?                       Yes       No

    If yes, where? \_\_\_\_\_

Any other miscellaneous information we should be aware of? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are your products/service/manpower available in the event public emergency or disaster?

Yes       No      If so, what are they? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IF THERE IS AN ALARM ACTIVATION AT YOUR BUSINESS, WILLITS POLICE DEPARTMENT WILL ONLY PROVIDE DETAILED INFORMATION ABOUT THE EVENT TO INDIVIDUALS LISTED AS OWNERS, MANAGERS OR BUSINESS REPOSIBLES. PLEASE MAKE SURE YOU KEEP THAT INFORMATION CURRENT WITH WILLITS POLICE DEPARTMENT AT (707) 459-6122**

Thank you for your time in completing this questionnaire.  
This information is held in confidence and is only used by police or fire personnel when needed. If any of the information listed here changes, please call the Police Department At 459-6122 and provide the new information.