Activity No: _____

City of Woodland

Community Development Department
300 First Street, Woodland CA 95695
(530) 661-5820 Fax (530)406-0832
www.cityofwoodland.org

Date Received: _____ Business Registration Number: _____
Date Routed: _____ NAICS Code: _____
Date Issued: _____ Fictitious Name: _____ Letter of Authorization: _____

Business Registration (License) Application

- ◯ Home Based Business ($84)
- ◯ Out of Town Business ($143)
- ◯ Commercial Business ($378) Please complete page 2
- ◯ Special Events Business ($39)
- ◯ Temporary Business ($143)
- ◯ Bingo Business ($52)
- ◯ Change of Location ($84)
- ◯ Business within Business ($378)
- ◯ Change of Ownership ($84)

Business Name: _____ Business Owner Name: _____

Physical Business Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: (If Different) _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

"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/Home.aspx. The Department of Rehabilitation at www.rehab.cahwnet.gov. The California Commission on Disability Access at www.ccda.ca.gov."

Cellular Phone: _____ Planned Start Date: _____ Hours of Operation: _____

Business Email: _____ Special Event Name: _____ Date: _____

Type of Ownership: ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Non-Profit ☐ Other _____

Description of Business (Commercial Businesses, see next page)

Federal Employer No.: _____ State Employer No.: _____

Board of Equalization No.: _____ Number of Employees: _____

State Contractors License No: _____ Work Comp. Insurance Co: _____

Contractors License Class: _____ Work Comp Policy Number: _____

Expiration Date: _____ Work Comp Expiration Date: _____

Signature of Applicant _____

Print Name _____ Date: _____

Department Comments and/or Requirements

Signature of Applicant _____

Print Name _____ Date: _____

Valid Identification: _____

Zoning Designation: _____

Notice: *This application satisfies the requirements of Article I of Chapter 13 of the City of Woodland Municipal Code*

Updated 3/10/2014

Commercial Businesses, please provide detailed information regarding your business

Office Use Only

☐ **Retail/Wholesale** ☐ **Business Service** ☐ **Industrial/Manufacturing** ☐ **Rentals**

Gross Receipts _____ OR Projected Gross Receipts _____

Number of Employees _____ Projected Number of Employees _____ Number of Rental Units _____

☐ Start Up Business ☐ Additional Location ☐ Relocating within Woodland ☐ Relocating to Woodland

Reason for Relocating: ☐ Moved business from home residence ☐ Expansion ☐ Other _____

Categories/Descriptions Applicable to Business	√	Building	Police	Fire	WWTP	AQMD	YCEH
Alcohol: handled, sold or distributed			*				
Firearms: handled, manufactured, sold or distributed			*	*			
Adult entertainment			*				
Taxi cab driver			*				
Massage therapist			*				
Pawn shop			*				
Print shop						*	*
Automotive or truck repair or service facilities: excluding auto body shops		*		*	*	*	*
Above ground storage tank (AST) facilities		*		*		*	*
Underground storage tank (UST) facilities		*		*		*	*
Manufacturing facilities		*		*	*	*	*
Biodiesel manufacturing		*		*	*	*	
Dental Officies					*		*
Food preparations facilities		*		*	*	*	*
Hardware stores							*
Medical Clinics							*
Photographic film processing facilities					*		*
Public swimming pool or hot tub facilities		*		*		*	*
"Sensitive" businesses: preschools & nursing homes							*
Storage facilities				*			*
Swimming pool supply stores or cleaning services				*			*
Tattooing or body piercing facilities							*
Warehouses				*	*	*	*
Wineries and vineyards					*	*	*
Generate non-domestic waste-water					*	*	
Involve a different type of use at site				*			
Demolition or modification to any part of the building being planned		*		*		*	
Use, process, or have equipment/products that emit emissions: spray booths auto/cabinetry						*	
Storage of flammable or combustible liquids				*	*		
Storage of hazards materials				*	*		
Signs (wall signs, ground signs & window signs) Planning Division		*					