BUSINESS LICENSE APPLICATION

Town of Windsor, 9291 Old Redwood Hwy, Bldg 300
P.O. Box 100, Windsor CA 95492
707-838-5358, Fax 707-838-1269

Please print or type - fill out *completely*

Business Name (dba)	
Physical Location Address	
Owner or Corporate Name	
Mailing Address	
Phone: Business / Cell	
Email Address	

Home Occupation: Will your home be used to conduct all or part of your business? _____

If yes, a Home Occupation permit application must be included with this application (Windsor only).

State License Number _____

State Resale Tax Permit Number _____

Fed Tax ID / Social Security No. _____

Please provide two names and phone numbers for emergency notifications (Fire & Police protection).

	First contact:	Second contact:
Name		
Title or Relationship		
Phone Number		

Please describe business activity fully, including principal product or service:

_____

_____

_____

_____

Please check the following as appropriate:

Single Proprietorship ☐
Partnership ☐
Corporation ☐
Other: _____ ☐

Retail ☐
Wholesale ☐
Manufacturing ☐
Professional ☐
Contractor ☐
Service ☐
Other ☐

Hours of Operation _____
Number of Employees _____
NAIC Code: _____
SIC Code: _____

Will your business buy, sell or distribute offer, or otherwise engage in:

	YES	NO
1. Sale of concealable firearms or gunpowder	☐	☐
2. Adult-oriented products	☐	☐
3. Mobile or itinerant food sales (e.g. ice cream truck)	☐	☐
4. Medical cannabis	☐	☐
5. Massage	☐	☐
6. Bail Bonds	☐	☐
7. Check cashiering, check cashing services, cash advances	☐	☐
8. Fortune telling, psychic or palm reading, or similar services	☐	☐
9. Smoke shop products	☐	☐
10. Tattooing, piercing, scarification, or similar services	☐	☐
11. Alcohol sales, warehousing or storage	☐	☐

PLEASE READ AND SIGN PAGE 2

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Fee for new application is $67.00 (annual renewals $22.00). Please remit with payment to the Town of Windsor (at above noted PO box). Fees are based on calendar year, January 1 through December 31. No prorated fees will be accepted. When paying in response to a Second Notice of non-compliance, you are required to add $30.00 penalty as described in that notice.

IMPORTANT - PLEASE READ INFORMATION BELOW

Business Licenses are issued subject in part to the information provided by applicants. Any change in the information provided may invalidate the business license. The license is not transferable to a new owner or new type of business. It is the responsibility of all Business License Applicants to comply with all Town Building and Zoning Regulations and Ordinances. Failure to do so may invalidate your right to do business in the Town and, in addition, may subject you to penalties and legal sanctions.

This Affidavit is a public record

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

_____ _____
Signature of Applicant Date

Planning Department Use Only:

Parcel Number:_____ Zoning Designation:_____

☐ Special Conditions Required (attached):
☐ Home Occupation Permit No._____
☐ Use Permit / Site Plan & Design Review Resolution No. _____
☐ Massage Operator's Permit No. _____
☐ Outdoor Vendor Affadavit
☐ Outside Contractor
☐ Other Conditions Required: _____
_____

☐ Approved by: ☐ Denied by: Date:

_____