



APPLICATION FOR TEMPORARY COLUSA COUNTY BUSINESS LICENSE

(In Accordance with Ordinance No. 540 of County of Colusa)

MAKE A SEPARATE APPLICATION FOR EACH BUSINESS UNIT REQUIRED TO BE LICENSED

NAME OF OWNER _____
 NAME OF BUSINESS _____
 FEDERAL TAX ID OR SS# _____
 MAILING ADDRESS _____
 LOCATION OF BUSINESS _____
 TELEPHONE _____
 TYPE OF BUSINESS _____

Sale of firearms	Sale of alcoholic beverages	Well/Septic	Food processing/handling/serving
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1. Date entered into business _____
2. Type: Manufacturing, Wholesale, Retail, Services _____
3. Do you operate any other business required to be licensed at the above address? Yes No
 If yes, please list: _____
4. Do you own the building where the business will be conducted? Yes No
 If no, list owner: _____
5. Does a partnership or corportaion conduct this business? Yes No
 If yes, please list names and titles of officers/partners on the reverse of this form
6. Have you ever had a license revoked or cancelled by the county? Yes No
 Date/Reason _____
7. What is the inventory value of stock on hand _____ Equipment Value _____
 Fixture Value _____ Anticipated revenue for the year _____
8. Does your business deal with or handle any food or perishable items ? Yes No
 If yes, do you have a health department permit? Yes No Permit # _____
9. Will you be using or storing any gasoline, propane, diesel fuel, waste oil or any other hazerdous material as specified in 6.95 in the California Health & Safety Code Section 25 50125501(k)? Yes No
 If yes, have you filed a hazardous materials inventory reporting form with the Office of Emergency Services? Yes No
11. Will any equipment or machinery be used that would cause the issuance of air contaminants into the atmosphere (Such as boilers, solvent degreasers, ic engines, ect.)? Yes No
 If yes, do you have any authority to construct permit from the Air Polution Control District ? Yes No
 Permit # _____
12. Please provide numbers and copies of license's (contractor's, liquor, medical, dental).
13. Please provide numbers and copies of any state required permits including seller's permit if applicable.

ALL FORMS WITH THIS APPLICATION MUST BE COMPLETE BEFORE BUSINESS LICENSE WILL BE ISSUED

Signature : _____ Date: _____

FOR OFFICE USE ONLY

COPIES TO THE FOLLOWING DEPARTMENTS:

AIR POLUTION
 ASSESSOR
 EMERGENCY SERVICES

ENVIRONMENTAL HEALTH
 PLANNING

AMOUNT PAID: \$ _____