**County of Colusa**
**Treasurer-Tax Collector**
**Cindy Dillard**

547 Market St, Suite 111
Colusa, CA 95932

Main (530) 458-0440
Fax (530) 458-0442
taxrequest@countyofcolusaca.gov

## APPLICATION FOR 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 _____ E-MAIL ADDRESS _____

TYPE OF BUSINESS _____

☐ Sale of firearms ☐ Sale of alcoholic beverages ☐ Well/Septic ☐ Food processing/handling/serving

1. Date entered into business _____
2. Specify goods delt in _____
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 corporation 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. If this application if for : Trailer Park # of Spaces _____
   Motel # of Rooms _____
   Gas Station # of Pumps _____
   *Operated in connection with a grocery store, café , minimart , etc.
9. Does your business deal with or handle any food or perishable items ?
   If yes, do you have a health department permit? ☐ Yes/No ☐ Permit # _____
10. Will you be using or storing any gasoline, propane, diesel fuel, waste oil or any other hazardous material as specified in 6.95 in the California Health & Safety Code Section 25 50125501(k)? ☐ Yes/No ☐
    If yes, do you have any authority to construct permit from the Air Pollution Control District ? ☐ 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, ice engines, etc..)? ☐ Yes/No ☐
    If yes, do you have any authority to construct permit from the Air Pollution 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 POLLUTION
ASSESSOR
EMERGENCY SERVICES
ENVIRONMENTAL HEALTH
PLANNING

AMOUNT PAID: $ _____

**County of Colusa**
**Community Development Development**
**Planning & Building**
planning@countyofcolusaca.gov




1213 Market Street
Colusa, CA 95932

Main (530) 458-0480
Fax (530) 458-0482

**VERIFICATION OF ZONING**

| | Book | Page | Number |
|---|---|---|---|
| Assessor's Parcel Number : | _____ | _____ | _____ |

The above-noted parcel is zoned: _____

☑ This zone allows the restricted use of _____

☑ This zone allows the requested use of _____
provided a ***USE PERMIT*** is obtained.

☑ This zone does ***NOT*** permit the requested use of_____

☐ **OUT OF COUNTY JURISDICTION**_____

Verified by : _____

Note: Please be aware zoning consistency does not take into account licenses or permits the may be required by others. This may include, but is not limied to the following:

Department of Planning &Building - Building Permit
Enironmental Health Department - Well Permit/ Septic System Permit
State of California Dept of Alcoholic Beverage Control - License to sell spirits/wine/beer
Department of Justice - Sale of Fire Arms

**ENVIRONMENTAL HEALTH**

In reference to Question 9 on the first page:
Date of Local Fire Department Clearance Exhaust/Ventilation hood Inspection
Date:_____ Signature:_____
Fire Department: _____

# WORKER'S COMPENSATION DECLARATION

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

[ ] I have and will maintain a certficate of consent to self-insure for worker's compensation, as prvided by Section 3700, for the duration of any business activites conducted for which this license is issued.

[ ] I have and will maintain worker's compensation insurance, as required by Section 3700, for the duration of any business activities conducted for which this license is issued.

My worker's compensation insurance carrier and policy number are:

Carrier:_____
Policy Number:_____

[ ] 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 worker's compensation laws of California, and agree that if I should become subject to the worker's compensation provisions of Section 3700 of the Labor Code, I shall forth with comply with the provisions of Section 3700.

Name: _____

Address: _____
_____
_____

Signature: _____ Date: _____

*WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALITES 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.*

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# STORMWATER DISCHARGE COMPLIANCE

Senate Bill No. 205, effective 01.01.20

Business Name: _____

Is your business one of the following?

| | | |
|---|---|---|
| 1. Feedlots (SIC codes 0211-0272) | Yes ☐ | No ☐ |
| 2. Manufacturing Facility (SIC codes20XX-39XX and 4221-4225) | Yes ☐ | No ☐ |
| 3. Oil and Gas/Mining Facility (SIC codes 10XX-14XX) | Yes ☐ | No ☐ |
| 4. Hazerdous Waste treatment, Storage or Disposal Facility (often SIC code 4953) | Yes ☐ | No ☐ |
| 5. Landfills, Land Application Sites and Open Dumps (SIC code 4953) | Yes ☐ | No ☐ |
| 6. Recycling Facility (SIC codes 5015 and 5093) | Yes ☐ | No ☐ |
| 7. Steam Electric Power Generating Facility (SIC code 4911) | Yes ☐ | No ☐ |
| 8. Transportation Facility (SIC codes 40XX-45XX(except 4221-25) and 5171) | Yes ☑ | No ☐ |
| 9. Sewage or Wastewater Treatment Works (SIC code 4952) | Yes ☐ | No ☐ |

If you answered yes to any of the above you **MUST** provide one of the following documents issued by the State Water Board, when applying for or renewing a business license:

Storn water permit number, known as the Waste Discharger Identification number

_____

No Exposer Certification (NEC) identification number

_____

Notice of Non-Applcability (NONA) identification number

_____

For more information regarding Senate Bill No. 205, visit:
http://leginfo.legislature.ca.gov/

For more information regarding Stormwater Discharge Compliance
https://www.waterboards.ca.gov/water_issues/programs/stormwater

For SIC codes:
Alphabetical List
https://www.waterboards.ca.gov/water_issues/programs/stormwater/sic.shtml
Numeric List
https://www.waterboards.ca.gov/water_issues/programs/stormwater/sicnum.shtml