

APPLICATION FOR CITY OF WHEATLAND BUSINESS LICENSE



CITY OF WHEATLAND

111 C STREET, WHEATLAND, CA 95692

TELEPHONE (530) 633-2761*FAX (530) 633-9102

PLEASE DO NOT WRITE ABOVE THIS LINE

Pursuant to Wheatland Municipal Code chapter 5.04, the undersigned hereby applies to the City of Wheatland for a license to transact the following business, in the City of Wheatland, to-wit:

DATE: _____ NEW LICENSE ___ RENEWAL___ CHANGE OF OWNERSHIP ___ CHANGE OF ADDRESS___

OWNER(S) (LAST, FIRST, MI) **AND** CORPORATION, PARTNERSHIP OR COMPANY NAME

OWNER(S) MAILING ADDRESS _____

NAME OF BUSINESS (D.B.A.) _____

BUSINESS MAILING ADDRESS _____

BUSINESS SITE ADDRESS _____

BUSINESS PHONE _____ EMERGENCY PHONE _____

EMAIL ADDRESS _____ (MUST BE DIFFERENT # THAN BUSINESS PHONE)

STATE BOARD OF EQUALIZATION RESALE PERMIT # (if applicable) _____

STATE CONTRACTOR'S LICENSE # (if applicable) _____

TYPE OF OWNERSHIP (Please circle one): (S) SOLE PROPRIETORSHIP (P) PARTNERSHIP (C) CORPORATION (T) TRUST

NUMBER OF EMPLOYEES: _____ HOURS OF OPERATION: _____ BUSINESS IN HOME [] YES [] NO

DO YOU OWN OR RENT YOUR BUSINESS LOCATION: [] RENT [] OWN

IF RENTING, NAME OF AND **SIGNATURE** OF LANDLORD: _____

ADDRESS OF LANDLORD: _____

DESCRIPTION OF BUSINESS ACTIVITY: _____

BUSINESS CATEGORY: (Please circle the appropriate choice)

- ADMINISTRATIVE HEADQUARTERS CONTRACTOR RETAIL RENTAL RESIDENTIAL PROPERTY RECREATION/ENTERTAINMENT
- MANUFACTURER SERVICES RENTAL NON-RESIDENTIAL PROPERTY TRANSPORTATION OF GOODS PROFESSIONAL
- WHOLESALE PEDDLER/ITINERANT VENDOR LANDSCAPING

PLANNING SECTION

Approval of business licenses is subject to whether the proposed commercial use meets applicable zoning codes, land use designations, and conditional use permit requirements. Please answer all of the following questions in detail to determine eligibility:

PART I: BUSINESS ACTIVITIES

DOES YOUR BUSINESS INCLUDE ANY OF THE FOLLOWING (Please circle yes or no):

ALCOHOL SALES	YES	NO	DRY CLEANING	YES	NO
ANIMALS AND/OR LIVESTOCK	YES	NO	ENTERTAINMENT, AMUSEMENT/FITNESS	YES	NO
AUTO SALES	YES	NO	FOOD PREPARATION AND/OR SERVICE	YES	NO
OTHER AUTO RELATED ACTIVITIES	YES	NO	FRUIT/VEGETABLE SALES	YES	NO
(If yes, please explain)					
BARBER/BEAUTY SHOP	YES	NO	NURSERY AND/OR OTHER PLANT LIFE	YES	NO
CARETAKER ACTIVITIES	YES	NO	OFFICE SPACE	YES	NO
DRIVE THRU	YES	NO	SEXUALLY EXPLICIT MATERIAL	YES	NO
WAREHOUSE SPACE/STORAGE	YES	NO			

If you answered yes to any of the above questions, please provide a brief explanation for all that apply:

PART II: ZONING & CONDITIONAL USE INFORMATION (THIS SECTION ONLY APPLIES TO BUSINESSES LOCATED WITHIN CITY LIMITS)

DESIGNATED ZONING OF THE BUSINESS LOCATION (Please circle one):

COMMERCIAL RESIDENTIAL MIXED USE INDUSTRIAL

Note: If you are unsure of the zoning designation, contact the City of Wheatland Planning Department staff for more information.

DO YOU INTEND TO INCORPORATE TENANT IMPROVEMENTS, ADDITIONS, OR DEMOLITIONS?

YES _____ NO _____ IF YES, PLEASE DESCRIBE (including structural, electrical, plumbing, required permits, fencing, etc.) Note: You may be asked to provide a copy of approved plans.

DO THE PROPOSED BUSINESS ACTIVITIES INCLUDE THE USE OF OUTDOOR STORAGE OR YARD AREAS?

YES _____ NO _____ IF YES, PLEASE DESCRIBE: _____

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER, AND EMPLOYER

DO YOU INTEND TO INCORPORATE ON-SITE SIGNAGE OR ON THE BUILDING? IF YES, PLEASE DESCRIBE (including location, dimensions, type of sign i.e. lighted, etc.) _____

WILL THE PROPOSED BUSINESS ACTIVITIES GENERATE ANY PEDESTRIAN AND/OR VEHICLE TRAFFIC?

YES _____ NO _____ IF YES, PLEASE DESCRIBE: _____

WILL THE PROPOSED BUSINESS GENERATE DELIVERIES? YES _____ NO _____

IF YES, PLEASE INDICATE HOURS OF DELIVERIES AND FREQUENCY: _____

WILL ON-SITE PUBLIC PARKING BE PROVIDED? YES _____ NO _____

IF YES, PLEASE DESCRIBE (Including location, proximity, number of spaces, handicap, necessary improvements, landscaping, irrigation, curbs, lighting, etc.):

NUMBER OF EMPLOYEE PARKING _____ NUMBER OF PUBLIC PARKING _____

WILL BICYCLE RACKS BE PROVIDED? YES _____ NO _____

IF YES, PLEASE DESCRIBE LOCATIONS AND NUMBER OF RACKS: _____

WILL GARBAGE COLLECTION/DISPOSAL AND/OR RECYCLING BINS BE PROVIDED? YES _____ NO _____

IF A COMMERCIAL DUMPSTER IS PROPOSED PLEASE PROVIDE SITE PLAN OF LOCATION

Planning Department staff reserves the right to request additional information, as necessary, to determine whether the proposed use meets the regulations and requirements of the City of Wheatland.

*****IMPORTANT-----PLEASE READ THE INFORMATION BELOW*****

BUSINESS LICENSES ARE ISSUED SUBJECT IN PART TO THE INFORMATION PROVIDED BY APPLICANTS. ANY CHANGE IN INFORMATION PROVIDED MAY INVALIDATE THE BUSINESS LICENSE. THE GENERAL BUSINESS LICENSE IS NOT TRANSFERABLE TO A NEW OWNER, NEW TYPE OF BUSINESS ACTIVITY, OR LOCATION.

IT IS THE RESPONSIBILITY OF ALL BUSINESS LICENSE APPLICANTS TO IDENTIFY AND OBTAIN ALL SPECIAL PERMITS AND APPROVALS REQUIRED BY FEDERAL, STATE OR COUNTY REGULATION. IT IS ALSO RESPONSIBILITY OF THE APPLICANTS TO COMPLY WITH ALL CITY BUILDING AND ZONING REGULATIONS AND ORDINANCES. FAILURE TO DO SO MAY INVALIDATE YOUR RIGHT TO DO BUSINESS IN THIS CITY AND IN ADDITION MAY SUBJECT YOU TO PENALTIES AND LEGAL SANCTIONS

THIS APPLICATION 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

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 obligation 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.cdda.da.gov.

THIS APPLICATION MUST BE APPROVED AND DATED BY EACH OF THE CITY DEPARTMENT HEAD PRIOR TO ISSUANCE

Fire Chief

Police Chief

Building Department

Public Works Director

Planning Director

OFFICIAL USE ONLY

CHECK NO. _____ AMOUNT _____ CASH RECEIPT NO. _____

DATE TO STAFF: _____

FIRE DEPT. _____ POLICE DEPT. _____ BUILDING DEPT. _____ PUBLIC WORKS _____ PLANNING _____