

IMPORTANT NOTICE

Dear Business Owner:

Please note that on September 19, 2012, Governor Brown signed into law SB 1186, which adds a State of California \$1 fee onto any **applicant for, or renewal of**, a local business license. The purpose of this fee is to increase disability access and compliance with construction related accessibility requirements and to develop educational resources for businesses in order to facilitate compliance with Federal and State Disability Laws.

Please add \$1 to the total business license fee as noted per the schedule on the second (back) page of the City of Willows Business License Application/Renewal form. You may remit the total (the business license fee plus State SB 1186 fee) in one payment.

Thank you for your understanding and your compliance with this regulation.

Tim Sailsbery
Finance Director



CITY OF WILLOWS

BUSINESS LICENSE APPLICATION

Return this form with Tax to:

City of Willows
Finance Department
201 N. Lassen Street
Willows, CA 95988
530) 934-7041

Please type or print.

Make changes in printed information where necessary.

- RENEWAL
- NEW BUSINESS

BUSINESS NAME BUSINESS LICENSE #

BUSINESS LOCATION (Complete Address, City, State, Zip)

MAILING ADDRESS IF DIFFERENT THAN BUSINESS LOCATION ADDRESS

BUSINESS TELEPHONE OWNER'S HOME PHONE DATE BUSINESS STARTED IN WILLOWS

BUSINESS OWNER FEDERAL EMPLOYER ID / SSN #

HOME ADDRESS (Complete Address, City, State, Zip)

RESALE NUMBER (BOARD OF EQUALIZATION) STATE EMPLOYER ID # STATE CONTRACTORS LICENSE NUMBER

IS APPLICATION FOR SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION

(LIST ALL PARTNERS) (LIST OFFICERS & TITLES)

NAME/TITLE HOME ADDRESS (AREA CODE) PHONE

NAME/TITLE HOME ADDRESS (AREA CODE) PHONE

TO CALCULATE YOUR TAX, USE
CATEGORY 5.05. _____
IN SECTION C. (ON BACK OF APP.)

CITY USE ONLY -
DO NOT WRITE IN THIS AREA

APN # _____

ZONING _____

PLEASE CHECK APPROPRIATE BOXES:

- YES NO Do you have any coin-operated machines (any type) on premises? If so, how many?
Provide name and address of owners of coin-operated machines on back of application. Section A
- YES NO Do you lease equipment from others? If yes, complete back of application. Section B

TYPE OF BUSINESS (Give full description)

AVOID PENALTIES - FILE PROMPTLY

AFFIDAVIT: I hereby declare under penalty of perjury, that the reported information is true and correct to the best of my knowledge.

SIGNATURE _____ DATED _____

RECEIVED BY	DATE	AMOUNT	RECEIPT #	CASH <input type="checkbox"/>
				CHECK <input type="checkbox"/>

