



# City of Colusa

425 Webster Street, Colusa, CA 95932 • Information: (530) 458-4941 Ext. 100 • Fax: (530) 458-8674

Business License Application Fee	\$ 50.00
Business License Fee	\$
Disability Access Fee	\$ 4.00
Total Amount Due	\$

## BUSINESS LICENSE APPLICATION

Is your business located within the City limits? \_\_\_ YES \_\_\_ NO

If no – go directly to the City of Colusa Finance Department to obtain a business license.

If yes – A fire inspection must be completed and Environmental Health must sign off prior to obtaining a business license. Please contact The Colusa Fire Department at (530) 458-7721 for a Fire Inspection. You must also go to Environmental Health at 146 7<sup>th</sup> St. (530) 458-0395.

Business Name (DBA) \_\_\_\_\_

Business Address \_\_\_\_\_



New Business Owners at Existing Location



New Business and/or New Location

Applicant's Name \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

Business Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Nature of Business \_\_\_\_\_

Please mark one:  Sole Owner  Partnership  Corporation

Social Security # \_\_\_\_\_ Health Permit # \_\_\_\_\_  
(Required if you do not have a Federal ID#)

Sellers Permit # \_\_\_\_\_ Federal Tax ID# \_\_\_\_\_

Property Owner(s) Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

### FOR DEPARTMENT USE ONLY

Date Environmental Health Clearance Granted: \_\_\_\_\_ Official Signature \_\_\_\_\_

Date to Fire Clearance Granted: \_\_\_\_\_ Inspector Signature \_\_\_\_\_

Fee to be paid to City of Colusa: \_\_\_\_\_

Business ID# \_\_\_\_\_ License # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Classification \_\_\_\_\_



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“The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.”

Ethnicity:

Hispanic or Latino

Not Hispanic or Latino

Race: (Mark one or more)

White

Black or African American

American Indian/Alaska Native

Asian

Native Hawaiian or other Pacific Islander

Gender:

Male

Female

**“In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, religion, age, disability (Not all prohibited bases apply to all programs.) To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer and lender.”**