County of Colusa
Treasurer-Tax Collector
Cindy Dillard

547 Market St, Suite 111
Colusa, CA 95932

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taxrequest@countyofcolusa.org

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 ☐

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 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. 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 hazardous 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, 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: $ _____