



# CITY OF GUSTINE

## INFORMATION REQUIRED OF STOREFRONTS

**BUSINESS LICENSE APPLICATION**  
**Form B: Required for all**  
**STOREFRONTS IN GUSTINE**

*It is vitally important that you keep the City updated when ANY of this information changes. The City uses the information to contact you in all types of emergencies. Any time the information changes, please contact City Hall to re-submit this form.*

Date form filled out: \_\_\_\_\_ Business Name: \_\_\_\_\_  
Individual completing form (print name): \_\_\_\_\_  
Storefront Address (must be Gustine): \_\_\_\_\_ Gustine, CA 95322  
Business Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

### **BUILDING OWNER INFORMATION/PERMISSION *(MUST be signed by the building owner):***

Owner Name: \_\_\_\_\_ Contact Phone: ( ) \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**By signing, the property owner gives permission for the use of the property for the above business.**

### **AFTER-HOURS CONTACTS (List up to three)**

Please list the names and contact phone numbers for up to three people that the City can contact regarding the business after business hours. Please provide the "after hours" phone numbers and answer "yes" or "no" to whether the contact has a key to enter the building.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Key? \_\_\_\_\_  
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### **HOURS OF OPERATION (Please list by day)**

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_  
Friday: \_\_\_\_\_ Saturday: \_\_\_\_\_ Sunday: \_\_\_\_\_ (Other to note \_\_\_\_\_)

### **SECURITY INFORMATION (Optional)**

Is there video surveillance on the premises?  No  Yes  
Is there a dog on the premises?  No  Yes      Is there a gun on the premises?  No  Yes

Do you have an alarm?

No (Skip to additional information and signature)

Yes (If "Yes" move please indicate the type below and fill out the information)

Audible OR  Silent (check all that apply):  Hold Up Alarm  Burglary alarm

Alarm Company: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ Alarm Number: \_\_\_\_\_

Panel location: \_\_\_\_\_ (Optional:) Reset Code: \_\_\_\_\_ Reset Minutes: \_\_\_\_\_

Any other information you wish to provide?: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_