

# CITY OF GUSTINE

PO BOX 16 - 352 5<sup>TH</sup> STREET

GUSTINE CA 95322

OFFICE (209) 854-6471 – Fax (209) 854-2127

www.cityofgustine.com



## OFFICIAL USE ONLY:

License Number: \_\_\_\_\_ Select ONE:  New  Renewal  Updated Application ONLY

### **Business Information:**

Business Start Date in Gustine: \_\_\_\_\_ (If update only, write "UPDATE ONLY")

Business Name: \_\_\_\_\_

**(If a fictitious business name, you must attach copy of Fictitious Name Statement)**

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

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

Will there be a "storefront" in the City of Gustine? \_\_\_\_\_ If yes, do you own the building? \_\_\_\_\_

**If the business is located in Gustine, the owner of the building MUST fill out and sign the following:**

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 listed in "Nature of Business" under "Business Information" above.**

### **Business Owner Information:**

(Use additional sheets if Necessary)

Applicant name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Ownership:  Sole Proprietor  Partnership  Limited Liability  Corporation  Trust

Tax ID Number of the business: \_\_\_\_\_

Signature of person listed as "Applicant": \_\_\_\_\_ Date: \_\_\_\_\_

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**Licenses & Identification:** (List all that apply. Submit license copies with application.)

Federal Tax ID Number: \_\_\_\_\_ State ID Number: \_\_\_\_\_

Resale Number: \_\_\_\_\_

Contact License #: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration: \_\_\_\_\_

Alcohol Beverage Control License: \_\_\_\_\_ Expiration: \_\_\_\_\_

Other Licenses (ie: Bureau of Auto Repair/Health/Dentist...etc):

License \_\_\_\_\_ Expiration: \_\_\_\_\_

License \_\_\_\_\_ Expiration: \_\_\_\_\_

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**Operational Information:** (list those that apply)

**List Business Hours by day:** Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_ Sunday: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Number of Company Vehicles: \_\_\_\_\_

Number of Vending/Arcade Machines: \_\_\_\_\_ Machines leased from: \_\_\_\_\_

Number of Rental Units: \_\_\_\_\_

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**APPLICANT MUST THEREAFTER NOTIFY CITY HALL WITHIN FIVE (5) DAYS OF ANY CHANGE IN ANY FACTS REQUIRED BY THIS APPLICATION.**

**NOTICE:** Payment of business taxes and/or fees or the issuance of a business tax certificate in no way releases the applicant/licensee from compliance with any provision of Federal or State laws, County statutes, local ordinances and regulations, including and without limitation to zoning, building, fire health and safety codes.

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If the City of Gustine creates a business directory in the future, would you like your business to be included? (Business name and contact information will be shared) Yes  No

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I declare under penalty of perjury that the aforementioned information contained herein is, to the best of my knowledge, and belief true and correct. As a condition for the issuance of the business license, I agree to submit any additional information that may be required; to conduct all phases of business in accordance with established for such business in conformance with all applicable laws, ordinances and regulations.

I certify that in the performance of any business activities for which this license is issued. I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with the provisions of Section 3700.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## EMERGENCY CONTACT INFORMATION

*This information is supplied to public safety as well and it is vitaly important that it remains up-to-date at all times. Contact City Hall with updates.*

Business Name: \_\_\_\_\_  
(If a fictitious business name, you must attach copy of Fictitious Name Statement)

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

### Contact Person(s)

Please list the names and contact phones for up to three people that can be contacted after business hours by City personnel. If the person listed has key to business, check "Key"

- |           |                              |                       |
|-----------|------------------------------|-----------------------|
| 1.) _____ | Key <input type="checkbox"/> | Phone: ____-____-____ |
| 2.) _____ | Key <input type="checkbox"/> | Phone: ____-____-____ |
| 3.) _____ | Key <input type="checkbox"/> | Phone: ____-____-____ |

### Business Information

List Business Hours by day listed.

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_  
Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_ Saturday: \_\_\_\_\_  
Sunday: \_\_\_\_\_

### Alarm Information (Optional)

Alarm Present?  No  Yes  
If yes, it is:  Audible  Silent And it is a  Hold Up Alarm  Burglary alarm

Alarm Company: \_\_\_\_\_ Alarm Company Phone Number: \_\_\_\_-\_\_\_\_-\_\_\_\_  
Alarm Number: \_\_\_\_\_ Panel location: \_\_\_\_\_  
(Optional) Reset Code: \_\_\_\_\_ Alarm Type: \_\_\_\_\_  
(Optional) Reset Minutes: \_\_\_\_\_  
Address at Rear (If applicable): \_\_\_\_\_

Dog on Premises?  No  Yes  
Gun on Premises?  No  Yes

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## **OFFICIAL USE ONLY:**

### Planning Department

Denied  Accepted

Signature \_\_\_\_\_ Date \_\_\_\_\_

Zoning: \_\_\_\_\_

Use Permitted: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Fire Department

Denied  Accepted

Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Building Department

Denied  Accepted

Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **OFFICIAL USE ONLY:**

### Police Department

Denied  Accepted

Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### City Manager Sign Off

Denied  Accepted

Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Business License Clerk

Confirms the following are valid signatures:

- Planning Dept       Police Dept  
 Building Inspector       Fire Dept  
 City Manager

*With all the steps now complete, the business license is being issued.*

Signature \_\_\_\_\_ Date \_\_\_\_\_