



City of Woodlake
BUSINESS LICENSE APPLICATION
City Hall – 350 N Valencia, Blvd. – Woodlake, CA 93286 – (559) 564-8055

License No. _____

BUSINESS NAME (include DBA) _____

BUSINESS TELEPHONE NUMBER _____

BUSINESS LOCATION (physical address)

Address _____

City _____

State _____

Zip _____

BUSINESS OWNER / OFFICER INFORMATION

Name of Owner/Officer _____ Name of Owner/Officer _____

Title _____ Title _____

Home Address _____ Home Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Home Telephone Number _____ Home Telephone Number _____

Driver License No. _____ State _____ Exp. _____ Drivers License No. _____ State _____ Exp. _____

Email _____ Email _____

Emergency / Alternate Contact Name _____ Contact Telephone Number _____

The Planning, Building, Police and Fire Departments review all business license applications to ensure the proposed use is consistent with the established zoning, building, police and fire regulations, and the policies of the City of Woodlake.

It is your responsibility to check with City staff to determine if your use is permitted in that location, and if additional permits or documentation may be required, prior to opening for business and prior to signing a lease or committing your business to a certain location.

If any tenant improvements will be constructed please supply detailed drawings to scale and contact the Building and Fire Departments with questions.

BRIEF DESCRIPTION OF BUSINESS

Business Start Date in Woodlake: Mo _____ Day _____ Yr _____ Type of Business: _____

Days and Hours of Operation: _____ Number of Employees: _____

☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ LLC ☐ Non-Profit ☐ Other (specify) _____

Is this a Home Occupation? ☐ Yes* ☐ No If business is home-based, will customers come to your home? ☐ Yes* ☐ No ☐ N/A

*If work is to be performed out of a residential location, or you use your residence as your business address, a completed Home Occupation permit application must accompany this form.

Is any portion of your business available only to individuals over 18 years of age (including sales, manufacturing or handling)? ☐ Yes ☐ No

Current Year Estimated Gross Receipts in Woodlake \$ _____ Requested End Date if Temp Work: _____

BILLING INFORMATION

TAX INFORMATION

Mailing Address _____ Federal Tax I.D. _____

City _____ State _____ Zip _____ State Tax I.D. _____

Contact Name _____ State Resale No. _____

Telephone Number _____ State License No. _____

Fax Number _____ License Expiration _____ License Type _____

CITY OF WOODLAKE (Office Use Only)

Business License Class _____ Date Entered _____ Entered By _____ Zone _____ APN _____

Planning _____ Date _____ Building _____ Date _____ Police _____ Date _____ Fire _____ Date _____

DETAILED DESCRIPTION OF BUSINESS

Square Footage _____ # on-site Parking Spaces _____ Truck Loading Spaces _____

(Please contact the leasing agent / property manager to determine prior tenant's use and date vacated)

What was the previous business use of this space?

When did business close?

Are there other businesses currently operating at this location besides your business? ☐ Yes ☐ No

Other information you wish to provide about your business:

Check all of the following categories that apply to your business.

- | | | | | |
|--|---|--|---|--|
| <input type="checkbox"/> Adult-Oriented Business | <input type="checkbox"/> Business Office | <input type="checkbox"/> Group Care Facility | <input type="checkbox"/> Medical/Dental | <input type="checkbox"/> Tattoo Parlor |
| <input type="checkbox"/> Auto Sales | <input type="checkbox"/> Church | <input type="checkbox"/> Health Club | <input type="checkbox"/> Property Rentals | <input type="checkbox"/> Vocational School |
| <input type="checkbox"/> Auto Body Repair | <input type="checkbox"/> Daycare Facility | <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Restaurant/Fast Food | <input type="checkbox"/> Warehouse |
| <input type="checkbox"/> Beauty Salon/Barber | <input type="checkbox"/> Day Spa | <input type="checkbox"/> Manufacturing/R&D | <input type="checkbox"/> Retail | <input type="checkbox"/> Wholesale |
| <input type="checkbox"/> Booth Rental | <input type="checkbox"/> Food/Liquor Market | <input type="checkbox"/> Massage Establishment | <input type="checkbox"/> Self Storage | <input type="checkbox"/> Other _____ |

Will tobacco products and/or tobacco paraphernalia be sold? ☐ Yes ☐ No

Will alcohol be served or sold? ☐ Yes ☐ No

Will gaming be offered? ☐ Yes ☐ No

Will massage services be offered? ☐ Yes ☐ No

Will entertainment be provided? ☐ Yes ☐ No

Please describe the products or services you will provide. Include types of products and quantities stored.

Initial ☐ I acknowledge that the issuance of a Business License does not exempt me from the requirements of any applicable City, County or State law.

Initial ☐ I acknowledge receipt of supplemental information identified as Exhibit "A".

I hereby certify under penalty of perjury that the above information is correct and I am an authorized representative of this business. I understand this application does not license me to operate until I have fulfilled all requirements of the Woodlake Municipal Code. I agree to conduct all phases of this business in conformance with all applicable laws, ordinances and regulations established for such business / profession.

Signature _____

Date _____

Printed Name _____

Title _____

All financial information on this application is kept confidential.