



CITY OF WATSONVILLE

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Watsonville, CA 95076
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ANNUAL BUSINESS LICENSE INFORMATION UPDATE

Business License Account No.		
Business Name		
Business Location		
Mailing Address	City	Zip
Business Phone No.	Cell Phone No.	Fax
Email	Website	

BUSINESS INFORMATION	SECTION I	COMPLETE ALL BLANK INFORMATION
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Business Principal Activities		
Business Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Association		
Sellers Permit No.	EDD #	
Social Security #	Federal Tax Id	
Contractor License No:	Class	Exp. Date

Owner/Representative Information

Owner/Representative Name		Title
Address		Phone
City	State	Zip Code
Owner/Representative Name		Title
Address		Phone
City	State	Zip Code

BUSINESS WITH VENDING MACHINES		SECTION II	MUNICIPAL CODE SECTION 3-4.33
Vending Machines include: Candy, Soft Drinks, Juke Box, Video Games, etc.			
Number of Video Machines:	Are these machines <input type="checkbox"/> Owned <input type="checkbox"/> Lease		
Number of Vending Machines:	If leased, list company's name:		

OTHER MISCELLANEOUS INFORMATION		SECTION III	All businesses, please complete
Number of employees you currently have:	How many are family members?		
List your total square footage: (please include all offices, bathrooms, storage area)	Outdoor restaurant eating area:		
If your business is, or includes a restaurant, bakery or laundry facility please complete the following:			
Do you have a grease trap?	If yes, list your capacity in lbs or gpm:		
If you have a restaurant, please list your seating capacity:			
Please select one below:			
<input type="checkbox"/> I have employees and maintain Worker's Compensation Insurance as required by section 3700.			
<input type="checkbox"/> I do not have employees and therefore am not required to maintain Worker's Compensation Insurance.			
Please list: Worker's Comp Carrier			
Policy Number	Expiration Date		

<input type="checkbox"/> I am no longer conducting business, or have a location, in the City of Watsonville. Date business closed: _____

By signing this form, I am confirming that I have verified the information provided and made corrections necessary.

Owners signature (if sole-proprietor or partnership) _____ Date _____

Managers signature (if corporation or association) _____ Date _____