



City of Watsonville

250 Main St
Watsonville, CA 95076
(831) 768-3452

March 4, 2019

Account Number:

Business License Customer:

As part of the City's responsibility to maintain accurate business license records, we have included your annual information update form on the back of this letter. You must complete this form to assure your business information is correct. Incomplete forms will be returned.

Please verify all information and make corrections as necessary:

- 1) Read each section carefully and **fill in all blank spaces** where applicable.
- 2) **Draw a line through any incorrect information and print the correct information** next to it using a color other than black (You may attach other pages should you need more room).
- 3) All businesses **must complete sections I-III.**
- 4) Businesses with **an alarm system must register with the Police Department. Please call (831)768-3320 to register or make alarm contact changes.**
- 5) Businesses with employees must provide EDD # and Worker's Comp. Information.
- 6) Businesses with **new location** within the City may require a new Zoning Clearance. To obtain one, contact the Community Development Department at 831-768-3050.
- 7) **Sign and date the bottom of the form.**
- 8) **Return completed Update Form in the enclosed envelope by 04/29/2019**

Thank you for your assistance. **If you have any questions, please contact me at (831) 768-3452.**

Sincerely,

Ilda Estrada
Accounting Technician

CITY OF WATSONVILLE

250 Main Street, Watsonville, CA 95076 Phone: (831) 768-3452

Completed forms must be received no later than 04/29/2019

ANNUAL BUSINESS LICENSE INFORMATION UPDATE

Account No: _____ Resale Number: _____
Business Name: _____ Social Security #: _____
Mailing Address: _____ Federal Tax Id: _____
Business Address: _____ EDD#: _____

Contractor's License No: _____ Class: _____ Exp. Date: _____

BUSINESS INFORMATION	SECTION I	COMPLETE ALL BLANK INFORMATION
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Business Principal Activities: _____ Phone #: _____
Business Type _____ (Sole Proprietor & Partnerships, please list owners.
Corporations & Association, list officers.) Fax #: _____
Enter Letter of Type Name: _____ Name: _____
I = Sole Proprietor
P = Partnership Address: _____ Address: _____
C = Corporation _____
A = Association Title: _____ Title _____

BUSINESSES WITH VENDING MACHINES	SECTION II	MUNICIPAL CODE SECTION 3-4.33
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Vending Machines include: Candy, Soft drinks, Juke Box, Video Games, etc.

Number of Video Machines: _____ Are these machines Owned or Leased? (Please circle)

Number of Vending Machines: _____ If Leased, list company's name: _____

OTHER MISCELLANEOUS INFORMATION	SECTION III	All businesses, please complete
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Number of employees you currently have _____ How many are family members? _____

List your total square footage: _____ Retail Square Footage _____ Outdoor restaurant eating area
(please include all offices, bathrooms & storage areas)

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 check one: _____ I have employees and maintain Worker's Compensation Insurance as required by section 3700.

Please list: Worker's Comp. Carrier _____ Policy Number _____ Exp. Date _____

_____ I do not have employees and therefore am not required to maintain worker's comp insurance.

_____ 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 have made corrections as necessary.

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

Manager's signature (if Corporation or Association) _____ **Date** _____