



# CITY OF WATSONVILLE

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## ANNUAL BUSINESS LICENSE INFORMATION UPDATE

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

BUSINESS INFORMATION		SECTION I	COMPLETE ALL BLANK INFORMATION		
Business Principal Activities:					
Business Type:					
<input type="checkbox"/> Sole Proprietor		<input type="checkbox"/> Partnership		<input type="checkbox"/> Corporation	
<input type="checkbox"/> Association		<input type="checkbox"/> LLC			
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
<b>Vending Machines include: Candy, Soft Drinks, Juke Box, Video Games, etc.</b>			
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:			
<b>Please select one below:</b>			
<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: _____
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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 \_\_\_\_\_