



## CITY OF WATSONVILLE

250 Main Street Watsonville, CA 95076  
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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:

☐

Sole Proprietor

☐

Partnership

☐

Corporation

☐

Association

☐

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. <b>Date business closed:</b> _____
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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 \_\_\_\_\_