

**TOWN OF WOODSIDE
BUSINESS LICENSE RENEWAL**

**RETURN THIS FORM WITH FEE
TO: TOWN OF WOODSIDE
P.O. BOX 620005
2955 WOODSIDE ROAD
WOODSIDE, CA 94062
Phone # 650-851-6790**

**Make changes in printed information where necessary - Please type or print
We cannot process your business license without your signature.**

BUSINESS NAME _____

BUSINESS LOCATION _____

BUSINESS TELEPHONE _____

BUSINESS OWNER TELEPHONE _____

DATE BUSINESS STARTED IN WOODSIDE _____

FAX NUMBER _____

BUSINESS OWNER _____

BUSINESS OWNER ADDRESS _____

LICENSE CONTRACTORS DECLARATION (if applicable) I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code and that my license is in full force and effect. **Initial** _____

CALIFORNIA CONTRACTOR'S LICENSE # _____ TYPE: _____ EXPIRATION: _____

(PLEASE ATTACH A COPY OF CA LICENSE IF RENEWING BY MAIL)

Business Type (check one): Corporation _____ Partnership _____ or Sole Proprietorship _____

Business Description _____ Rate: _____

MAILING INFORMATION :

**SIGN IF NOT DOING BUSINESS IN WOODSIDE
I hereby affirm that I am not doing business in the Town of
Woodside at this time. Please cease my business license**

SIGNATURE _____

WORKERS' COMPENSATION DECLARATION

Please initial the appropriate box.

I hereby affirm that I have and will maintain a certificate of consent to self-insure for workers' compensation for the performance of the work for which this permit is issued.

I hereby affirm that I have and will maintain workers' compensation insurance for the performance of the work for which this permit is issued.

Carrier: _____ Policy #: _____ Expiration: _____

I hereby certify that in the performance of work for which this license is issued I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that, if I should become subject to the provisions of Section 3700 this license immediately becomes revoked. And I must apply for a new license.

This business license is for revenue purpose only. It must be renewed annually and the certificate must be posted in a conspicuous place. Licenses are not transferable due to any changes in ownership or Workers' Compensation Liability. WE CANNOT PROCESS YOUR RENEWAL WITHOUT YOUR SIGNATURE

SIGNATURE _____ DATE _____

I declare under penalty of perjury that all information contained on this form is true and correct to the best of my knowledge.

OFFICE USE ONLY

Received by _____ Date _____ Receipt # _____ Business License # _____ Expires _____