

# BUSINESS LICENSE APPLICATION

Home Occupation



CITY OF WEST SACRAMENTO  
COMMUNITY DEVELOPMENT DEPARTMENT  
1110 West Capitol Avenue, 2nd Floor  
WEST SACRAMENTO, CA 95691  
916-617-4645



City of West Sacramento  
BUSINESS LICENSE APPLICATION PROCESS

The Business License application, when completed, provides information to city departments responsible for protecting the health, safety and welfare of the community.

Business License applications are available at the Community Development Department located in City Hall at 1110 West Capitol Avenue, 2<sup>nd</sup> Floor, West Sacramento, CA 95691. You may also download a PDF copy or submit an electronic application online at [www.cityofwestsacramento.org](http://www.cityofwestsacramento.org). This application has several exhibits which may not be applicable to all business, depending upon the nature of the business.

After receiving a completed application and processing fee, the Community Development Department will officially begin the application process. To be considered complete, the application and all appropriate exhibits must be completed in their entirety. Business license fees are as follows:

	Commercial/Industrial	Non-Local	Home Occupation
Business License Fee	\$76	\$76	\$50
SB1186 Fee	\$4	\$4	\$4
<b>TOTAL DUE</b>	<b>\$80</b>	<b>\$80</b>	<b>\$54</b>

The Community Development Department routes copies of the business license application to appropriate city departments and, sometimes, to other regulatory agencies. These may include Planning, Fire, Building, Code Enforcement, and Yolo County Environmental Health. Review by these departments may indicate (1) that no further information is necessary at this time, (2) that a physical inspection of the business premises is required, or (3) that an applicant must obtain other permits, licenses or additional regulatory approvals.

**PLEASE NOTE:** Under federal and state law, compliance with disability access is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:

The Division of the State Architect at [www.dgs.ca.gov/dsa/Home.aspx](http://www.dgs.ca.gov/dsa/Home.aspx)

The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov)

The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov)

**Special Caution:** The issuance of a Business License is not necessarily the only permit, license, certificate and entitlement for use required by the city's ordinance and other laws. For example, you may be required to obtain a building permit, certificate of occupancy or use permit. You are responsible for ensuring that all necessary permits, licenses, certificates and entitlements have been obtained.



**Community Development  
Department**

1110 West Capitol Avenue  
West Sacramento, CA 95691  
(916) 617-4645

**BUSINESS LICENSE APPLICATION**

**Home Occupation**

Business License #: \_\_\_\_\_

NAICS Code: \_\_\_\_\_

Application for:  New Business License  Renewal  Change of Ownership  Address Change/Update Records

Ownership Type:  Corporation  Limited Liability Corporation  Partnership  Sole Proprietor

Business Name:

Business Location: \_\_\_\_\_  
(Physical Address; State, Zip Code, No P.O. Boxes)

Business Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Business Mailing Address (if different): \_\_\_\_\_

Owner/Corp. President: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Driver's License or Identification Number & Expiration Date: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Second Owner / VP: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Manager: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Federal ID No. (FEIN): \_\_\_\_\_ State ID No. (SEIN): \_\_\_\_\_

Please provide a detailed description of proposed business: \_\_\_\_\_  
\_\_\_\_\_

What was the previous use and who was the previous tenant? \_\_\_\_\_

Type of Business:  Wholesale  Retail - Please provide Resale Number: \_\_\_\_\_

Contractor - Please provide CSLB #: \_\_\_\_\_

Manufacturing  Mobile  Other

Professional License No. \_\_\_\_\_

Gross receipts for this location (estimated): \_\_\_\_\_ # of employees (excluding owners) \_\_\_\_\_

Do you have an additional location in West Sacramento that is part of this business?  Yes  No

If yes, list address: \_\_\_\_\_

Did you have a previous location in West Sacramento for this business?  Yes  No

If yes, list address: \_\_\_\_\_

I declare under penalty of perjury that, to the best of my knowledge, the information provided herein on this application is true and correct. I understand that if issued a Business License, I will conduct business in a lawful manner and will obey the laws of the United States, the State of California and the City of West Sacramento, and that in conducting said business, said license is subject to suspension for violation of laws and ordinances.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_



COMMUNITY DEVELOPMENT DEPARTMENT  
 1110 WEST CAPITOL AVENUE  
 WEST SACRAMENTO, CA 95691  
 (916) 617-4645

Exhibit A  
**LAND USE  
 QUESTIONNAIRE**

Business Name: \_\_\_\_\_

The City's Zoning Ordinance was adopted to "promote and protect the public health, safety, morals, comfort, convenience and general welfare"; and to "provide a plan for sound and orderly development and to ensure social and economic stability. Accordingly, all applicants of businesses occupying real property within the City shall complete this Exhibit A so that Community Development can review the proposed use for compliance with the Zoning Ordinance.

**BUSINESS USE**

1. Will the business serve food or drink intended for human consumption? .....  Yes  No
2. Will alcoholic beverages be served or sold? .....  Yes  No  
 If yes, please provide ABC License No. \_\_\_\_\_
3. Will tobacco or tobacco products be sold? .....  Yes  No  
*(If yes, a tobacco retailer permit may be required. See Municipal Code Chapter 9.30.)*
4. Will the business dispense or provide for drugs, drug treatment, narcotics or controlled substances? .....  Yes  No
5. Will the business devote or intend to devote 25% or more of its merchandise or floor area to adults-only, X-rated or sexually-oriented material? .....  Yes  No  
*(If yes, please contact the Community Development Department as certain zoning requirements may apply. See Municipal Code Chapter 17.46.)*
6. Will the business sell or store firearms, ammunition, or explosives? .....  Yes  No  
 If yes, please provide Federal Firearms License No. \_\_\_\_\_
7. Will the business be conducted entirely out of a house or apartment? .....  Yes  No
8. Will the business involve the storage of any materials outside of enclosed buildings? .....  Yes  No  
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_
9. Is the outdoor storage area screened from view from the public street? .....  Yes  No
10. Will the business or any equipment used in the business generate dust, noise, or glare beyond the property line? .....  Yes  No  
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_
11. Will the business engage in, carry on, or permit any kind of massage? .....  Yes  No  
*(If yes, a massage permit may be required. See Municipal Code Chapter 17.46.)*
12. Will the business generate organic waste? (Defined as food, landscape, and wood waste) .....  Yes  No  
 If yes, how much organic waste is generated per week? (i.e., 10 lbs, half a dumpster load, etc.): \_\_\_\_\_  
 \_\_\_\_\_

**FACILITIES**

1. Will any new structures be built or existing structures expanded or remodeled with the establishment of this business? *(If yes, please contact the Building Dept. for permit requirements)* .....  Yes  No
2. Billiards, card games or bingo (separate license required)? .....  Yes  No
3. Swimming, sauna, steam room, spa, massage or other health club use? .....  Yes  No
4. Guard dogs; burglar, intrusion, fire, or robbery alarms; separate security personnel? .....  Yes  No
5. Will the business have any form of live, electronic, or other indoor entertainment? .....  Yes  No

I declare under penalty of perjury that, to the best of my knowledge, the information provided on this application is true and correct.

Applicant's Signature: \_\_\_\_\_ Relationship to business: \_\_\_\_\_

Date: \_\_\_\_\_



WEST SACRAMENTO FIRE DEPARTMENT  
 2040 LAKE WASHINGTON BLVD.  
 DEPARTMENT OF PUBLIC WORKS  
 1110 WEST CAPITOL AVENUE  
 WEST SACRAMENTO, CA 95691  
 (916) 617-4600 / (916) 617-4850

Exhibit B  
**FIRE DEPARTMENT &  
 INDUSTRIAL PRETREATMENT**

Business Name: \_\_\_\_\_

*The West Sacramento Fire Department administers fire and life safety regulations for all properties located within the city limits of West Sacramento. Permits must be obtained from the Fire Department for special events, public assembly occupancies, storage or use of hazardous materials, hazardous operations such as hot work and spray finishing, storage of high-piled combustible materials and a wide variety of other activities where a fire or life safety hazard may exist. This exhibit also helps the City identify those businesses that may require a Waste Water Discharge Permit in accordance with the City of West Sacramento's Municipal Code.*

**LOCAL BUSINESSES ONLY:**

In order to assist you in determining whether a fire permit is required for your business, please see the list below of different types of operations that may require permits and inspections from the Fire Department. Please mark the box that best indicates the type of business you will be conducting (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Automotive repair | <input type="checkbox"/> Residential Care Facility          |
| <input type="checkbox"/> Child Care        | <input type="checkbox"/> Retail Sales                       |
| <input type="checkbox"/> Home Office       | <input type="checkbox"/> Restaurant or Dining Establishment |
| <input type="checkbox"/> Manufacturing     | <input type="checkbox"/> Warehousing                        |
| <input type="checkbox"/> Office            |   |

**ALL BUSINESSES:**

As part of the business identified on this application, I may be conducting one or more of the following within the City of West Sacramento (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Storage or use of compressed gases (i.e. propane, oxygen, acetylene, argon, helium, etc.)   | <input type="checkbox"/> Welding, grinding, cutting, or other hot work operations |
| <input type="checkbox"/> Storage or use of hazardous materials (i.e. any type of fuel, kerosene, solvent, detergent, cleaner, corrosive, aerosol, explosive, radioactive material, etc.) | <input type="checkbox"/> Spray painting   |
| <input type="checkbox"/> Storage of materials at or above 12 feet in height  | <input type="checkbox"/> Use of industrial ovens                                  |
|  | <input type="checkbox"/> None of the above  |

*The City of West Sacramento has adopted the 2010 California Fire Code, Title 24, Part 9 of the California Code of Regulations along with local amendments. If you have any questions regarding this application or requirements contained in the 2010 California Fire Code please contact the Fire Prevention Division at (916) 617-4600 or go to our website at: <http://www.cityofwestsacramento.org/city/depts/fire/prevention/default.asp>.*

Do you store any of the following (check all that apply):

- |                          |                              |                             |                               |                              |                             |
|--------------------------|------------------------------|-----------------------------|-------------------------------|------------------------------|-----------------------------|
| Chemicals . . . . .      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Cleaners . . . . .            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Petroleum Oils . . . . . | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Hazardous Materials . . . . . | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fuels . . . . .          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Solvents . . . . .            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Does your facility have any of the following (check all that apply):

- |                               |                              |                             |                             |                              |                             |
|-------------------------------|------------------------------|-----------------------------|-----------------------------|------------------------------|-----------------------------|
| Warehouse . . . . .           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Outside Storage . . . . .   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Floor Drains . . . . .        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Vehicle Wash Rack . . . . . | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Vehicle Maintenance . . . . . | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Fuel Islands . . . . .      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Steam Cleaner . . . . .       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Pressure Washer . . . . .   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cooling Tower . . . . .       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Boiler . . . . .            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cafeteria Services . . . . .  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                             |                              |                             |

Any other information related to your sewer discharge: \_\_\_\_\_

Number of employees: \_\_\_\_\_ Any shift work?  Yes  No

Contact Name and Title (Please Print): \_\_\_\_\_

I declare under penalty of perjury that, to the best of my knowledge, the information provided on this application is true and correct. Purposely falsifying information on this questionnaire carries civil and criminal liability of up to \$25,000 under the California Government Code relating to Sanitation.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_



COMMUNITY DEVELOPMENT DEPARTMENT  
1110 WEST CAPITOL AVENUE  
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Exhibit C  
**HOME OCCUPATION  
COMPLIANCE RECORD**

Business Name \_\_\_\_\_

Section 17.41.010 of the Municipal Code provides that the primary use of a property may be augmented by additional subsidiary uses that are part of and normally associated with that primary use. Accordingly, under certain circumstances, home occupations are permitted in residential use. The purpose of this form is to help determine if these circumstances apply.

Complete description of the business activity (attach separate page if needed) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Home occupation businesses are accessory uses (incidental to and secondary to the primary residential use of the dwelling) and must meet the following criteria:**

- **Is confined within the residence and does not occupy more than fifty percent (50%) of the gross floor area of one floor**
- **Is operated by members of the family occupying the residence**
- **Produces no evidence of its existence in the external appearance of the dwelling premises, or in the creation of noise, smoke, pedestrian or vehicular traffic, or other nuisances to a degree greater than normal for the neighborhood**

If the proposed home occupation business meets **all** the above listed requirements, please complete the remainder of this form and return it with your business license application.

1. Will any portion of the business be conducted out of doors?  Yes  No  
If Yes, please explain \_\_\_\_\_  
\_\_\_\_\_
2. Is this a home office for a mobile business that is primarily performed offsite?  Yes  No  
If Yes, please explain \_\_\_\_\_  
\_\_\_\_\_
3. Will this business require any additions or extensions to the dwelling?  Yes  No  
If Yes, please explain \_\_\_\_\_  
\_\_\_\_\_
4. If this business produces materials for sale, resale, or distribution, how will such sales and/or distribution be handled? \_\_\_\_\_  
\_\_\_\_\_
5. List any other businesses operated out of this residence: \_\_\_\_\_  
\_\_\_\_\_

I understand that this home occupation must meet the requirements of the City Zoning Ordinance, the Building Official, Fire Department, Yolo County Health Department, and Code Enforcement. I hereby certify that the home occupation complies with the criteria identified above and that information provided for the above items is true to the best of my knowledge.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_









# County of Yolo

DEPARTMENT OF PLANNING, PUBLIC WORKS AND ENVIRONMENTAL SERVICES

Environmental Health Division

292 W. Beamer Street, Woodland, CA 95695  
 PHONE - (530) 666-8646 FAX - (530) 669-1448

**April Meneghetti, REHS**  
 Environmental Health Division Manager

## ENVIRONMENTAL HEALTH LAND USE REVIEW SURVEY

A Building Permit Application may require a review from Yolo County Environmental Health (YCEH) to ensure the compliance with County, State and Federal laws and regulations. Please complete this survey and answer questions pertaining to each YCEH unit to the best of your knowledge, and submit it as part of your complete application. This survey should be completed by the property owner or the business operator.

Site address:		City:	Zip code:
Existing business? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, name of business:	
Property and/or owner of business name:			
Phone number:		Email:	
Mailing address:		City:	Zip code:
Building Permit #:	Project Description: (Please describe this building permit project as specifically as possible; such as "New house" or "Remodeling a house for use as an Office":		

EH Program	Environmental Health Questions:	YES	NO	N/A	Why is this asked?
ALL	Is this project for a commercial use?				Some EH programs regulate only commercial facilities.
<b>SEPTIC SYSTEM:</b> <u>If on City Sewer System, check here:</u> <input type="checkbox"/> * * Go to next EH Program. ONLY answer questions if a septic system exists on parcel - OR - the parcel will be serviced by a future septic system:	Is a building/structure getting bigger; is the footprint of a building/structure is expanding out of the original footprint?				Septic setbacks are required with adequate replacement area
	Will this project include adding a structure/building/foundation to the land that will be an additional footprint?				Septic setbacks are required with adequate replacement area
	Will this project have a wastewater flow or will it alter the existing wastewater flow?				Needs to meet septic installation requirements
	Will this project change the wastewater flow in any way (decrease or increase)? <i>For example, <u>adding bedrooms</u> or potential sleeping rooms, or <u>changing the use</u> of the structure, such as residential to commercial</i>				This will affect the existing septic system, and the system will need to be evaluated.
	Grading permits only: will the project have an impact on the existing soils on the parcel?				This could affect future septic system developments.
	Is there an unused septic system on this parcel?				Abandonment under permit is required.

EH Program	Environmental Health Questions:	YES	NO	N/A	Why is this asked?
<b>WELL / WATER USE:</b>  <b>If on City Water System or another approved Public Water System, check here: <input type="checkbox"/> *</b>  <b>* Go to next EH Program. ONLY Answer questions if a water well exists on this parcel:</b>	Will this project replace one structure for another that already has a well service connection? <i>For example, replacing a modular home with a new modular home.</i>				<i>If it is on city water, not an EH issue.</i>
	Will this project use an existing well service connection to the structure? <i>For example, remodeling a house or other structure that is already connected to the well.</i>				<i>No need for EH review if there is an existing service connection</i>
	Will this project require new piping to connect from a well or well water line to the project (i.e., a new connection)?				<i>The well should have an approved permit; if not, the well requires evaluation.</i>  <i>There could be public water system or state small water system requirements.</i>
	<ul style="list-style-type: none"> <li>Will there be 15 or more buildings or physical structures supplied by this well?</li> </ul>				
	<ul style="list-style-type: none"> <li>Will there be 5-14 buildings or physical structures supplied by this well?</li> </ul>				
	<ul style="list-style-type: none"> <li>Does this well serve 25 or more people daily, at least 60 days per year (can be non-consecutive days)?</li> </ul>				
<ul style="list-style-type: none"> <li>Does the water system serve 25 or more year-long residents (year-long residents is at least 183 days/year)?</li> </ul>					
	Is there an unused water well on this parcel?				<i>Abandonment under permit is required after 1 year of non-use.</i>
<b>SOLID WASTE:</b>	Will this project, or does activity on this parcel, result in handling yard trimmings, untreated wood wastes, natural fiber waste, or construction and demolition wood waste?				<i>Permit required</i>
	<ul style="list-style-type: none"> <li>If yes, will these materials be managed in a way which would allow them to reach 122 degrees Fahrenheit (i.e., composting, excessive storage times, etc.)?</li> </ul>				
<b>FOOD:</b>	Will this project, or does activity on this parcel, result in retail food facility activities? <i>“Retail” means handling food for dispensing or sale directly to the consumer or indirectly through a delivery service. For example: storing, preparing, packaging, serving, vending or otherwise providing food (any edible substance incl. beverage and ice) for human consumption at the retail level.</i>				<i>Permit required, including a plan check prior to building permit issuance.</i>
<b>POOL/SPA:</b>	Will this project result in a public pool/spa? <i>A public pool/spa includes but is not limited to pools/spas located at hotels, motel, parks, apartments, schools, health clubs, etc.</i>				<i>Permit required, including a plan check prior to building permit issuance.</i>
<b>BODY ART:</b>	Will this project, or does activity on this parcel, result in tattooing, body piercing, or permanent cosmetics activities?				<i>Permit required, including a plan check prior to building permit issuance.</i>
<b>WASTE TIRE:</b>	Will this project, or does activity on this parcel, result in generating waste tires onsite?				<i>Permit required</i>
	Will this project, or does activity on this parcel, result in hauling 10 or more waste tires at a time?				

EH Program	Environmental Health Questions:	YES	NO	N/A	Why is this asked?
<b>HAZARDOUS MATERIALS:</b>	1. Will this project, or does any activity on this parcel, result in the handling or storing of any hazardous materials in a commercial capacity? * <i>Please note: a hazardous material is a chemical that is flammable, corrosive, reactive or toxic. This could include organic pesticides.</i>				<i>May be required by State law to submit a Hazardous Materials Business Plan to YCEH.</i>
	2. Will this project or does activity on this parcel generate hazardous materials waste in a commercial capacity? * <i>For example, used oil.</i>				<i>Failure to comply with this requirement could result in fines of up to \$2000.00/day.</i>
	*Supplemental Hazardous Materials questions: <u>If you answered "yes" to #1 or #2 of the above HM questions, answer a) through i) questions below.</u> If you answered "no" to #1 or #2 of the above HM questions, mark N/A.  a) Will you be handling hazardous materials in quantities greater than 500 pounds, 55 gallons or 200 cubic feet of compressed gas?				<i>Business plans must be filed by going to the California Environmental Reporting System (CERS) website <a href="http://cers.calepa.ca.gov">cers.calepa.ca.gov</a>, creating an account, entering required hazardous materials information, and submitting the information for approval by YCEH.</i>
	b) Will you be repairing or maintaining motor vehicles or motorized equipment?				<i>For assistance with CERS, or any other hazmat questions, call our office at 530.666.8646 and ask for a hazmat specialist.</i>
	• If yes, will your facility handle any of the following: motor oil, gasoline, grease, antifreeze, hydraulic oil, and/or diesel?				
	c) Will you have an above ground storage tank?				
	d) Will you be selling motor vehicle fuel?				
	• If yes, will you have an underground storage tank? +				
	e) Will you be engaging in welding operations?				
	• If yes, will you be handling more than one cylinder of acetylene, oxygen, shielding or other welding gasses?				
	f) Will you be operating forklifts?				
	• If yes, will you be storing more than one extra cylinder of propane?				
	g) Will you be storing batteries with 55 gallons or more of acid?				+ Tank installations require a plan review.
h) Will you be engaging in photography?					
• If yes, will you be generating photographic waste fluid?					
i) Will you be engaging in x-ray processing?					
• If yes, will you be generating x-ray processing waste fluid?					
	3. Are there unused/abandoned hazardous materials storage containers on this site? <i>For example, above-ground tanks or underground tanks or barrels.</i>				<i>Permit required for abandonments.</i>

**I hereby certify that the information given in this Yolo County Environmental Health Land Use Survey document is true and correct to the best of my knowledge:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

# ADDITIONAL LICENSING INFORMATION

<p><b>Resale Number</b> It is mandatory that you contact the State Board of Equalization if your business is required to collect State of California Sales Tax.</p>	<p>State Board of Equalization 3321 Power Inn Road, Suite 210 Sacramento, CA 95826 916-227-6700</p>		
<p><b>State Employers Id Number (SEIN)</b> If you have employees for whom you withhold payroll taxes, you are required to obtain a State Employers Identification Number.</p>	<p>916-654-8706</p>		
<p><b>Federal Employers Id Number (Fein)</b> If you have employees for whom you withhold payroll taxes, you are required to obtain a Federal Employers Identification Number.</p>	<p>Internal Revenue Service 4330 Watt Avenue North Highlands, Ca 95660 1-800-829-3676</p>		
<p><b>Sacramento Licensing</b> If your business travels into the City or County of Sacramento, it is necessary to contact them regarding any necessary additional listing.</p>	<table border="0"> <tr> <td> <p>City of Sacramento Department of Revenue 915 I Street, #1214 Sacramento, CA 95814 916-808-5852</p> </td> <td> <p>Sacramento County Business License Division 700 H Street, #1710 Sacramento, CA 95814 916-874-6644</p> </td> </tr> </table>	<p>City of Sacramento Department of Revenue 915 I Street, #1214 Sacramento, CA 95814 916-808-5852</p>	<p>Sacramento County Business License Division 700 H Street, #1710 Sacramento, CA 95814 916-874-6644</p>
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<p><b>Yolo County Licensing</b> Businesses within the city limits of West Sacramento do not need a county license unless their business is also conducted in the unincorporated area of Yolo County.</p>	<p>Yolo County Planning &amp; Public Works 292 West Beamer Street Woodland, CA 95695 530-666-8775</p>		
<p><b>Fictitious Business Name</b> Businesses not using the owner's legal last name in the title of the business must file for a fictitious business name.</p>	<p>Yolo County Clerk Recorder 625 Court Street, Room 105 Woodland, CA 95695 916-375-6479 or 530-666-8130 <a href="http://www.yolorecorder.org/recording/fictitious">www.yolorecorder.org/recording/fictitious</a></p>		
<p><b>Contractors State Licensing Board</b> Anyone performing construction work in California that totals \$500 or more in labor and materials must be licensed by CSLB</p>	<p>9821 Business Park Drive Sacramento, CA 95827 (800) 321-CSLB <a href="http://www.cslb.ca.gov">www.cslb.ca.gov</a></p>		
<p><b>Department of Consumer Affairs</b></p>	<p>Consumer Information Center: (800) 952-5210 E-mail: <a href="mailto:dca@dca.ca.gov">dca@dca.ca.gov</a></p> <p>Department of Consumer Affairs Consumer Information Division 1625 North Market Blvd., Suite N 112 Sacramento, CA 95834</p>		