| Employer Application |
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| Applicant Information |
| Legal Name: |
| DBA (if applicable): | Phone: |
| Current address: |
| City: | State: | ZIP Code: |
| Years in business: | Annual case production: | Number of Employees: |
| Primary Contact First Name: | Last: | Phone: |
| Email: | Alt Phone: |
| Workers Comp Information |
| Workers Comp Provider: |
| Address: | Policy Number: |
| Phone: | E-mail: | Fax: |
| City: | State: | ZIP Code: |
| Liability Insurance |
| Insurance Provider: |
| Address: | NAIC #: |
| Policy Number: | Effective date: | Expiration date: |
| Please attach a current Certificate of Liability insurance. |
| ABC - Certificate of Good Standing (if applicable) |
| Do you have an ABC License? Yes No (Please circle)  | TYPE(S) Number DUP: |
| Valid from date: | Expiration date: |  |
| If you hold an ABC license, please attach a Certificate of Status from the Secretary of State of the State of California dated no older than one year from application date. |
| Operation Information |
| Tasting room: Yes No (Please circle)  | Vineyards: Yes No (Please circle)  |
| How many days a week are you open: | How many acres do you farm: |
| Hours of Operation: | Can you employ an apprentice for 125-375 hours over a 3 month period? Yes No (Please circle)  |
| For which quarter(s) are you available: Jan-Mar Apr-Jun Jul-Sept Oct-Dec (Circle all that apply)  |
| What type of work are you able to accommodate: Vineyard Administrative Winemaking Tasting Room (Circle all that apply)  |
| Business References |
| Name | Address | Phone |
|  |  |  |
|  |  |  |
| Signatures |
| I certify that the information stated above is true and accurate to the best of my knowledge. |
| Printed Name: | Title: |
| Signature: | Date: |

**PLEASE EMAIL COMPLETED APPLICATION TO: viticulture.apprentice@gmail.com**