BUSINESS LICENSE APPLICATION

Finance Department
(209) 385-6843

City of Merced
678 W. 18th St.
Merced, CA 95340

Application Date: _____

Please Check All That Apply: ☐ **New Application** ☐ **Change of Owner**

☐ **Change of Address - Previous Address:** _____

☐ **Change of Business Name; previous business name:** _____

☐ **Add/Delete Partner** ☐ **Temporary Business** **From** _____ to _____

☐ **New Business Operating Within an Existing Business**
(provide name of existing business)_____

Business Name (Include DBA, if applicable)

****State licensed care facilities, must use the same name as listed on the state license.**

Business Address and Telephone Information:

Address (Home-based businesses must use the home address as the business address):			**Suite/Apt #:**
City:	**State:**	**Zip Code:**	**Telephone: ( )**

Mailing Address: Same as Business Address? ☐

Address:			**Suite/Apt. No.:**
City:	**State:**	**Zip Code:**	**E-Mail Address:**

Business Activity (Provide a detailed description of all proposed business activities):

Licensed Contractor?	**Y**	**N**	**License #:**	**Classification:**	**Expiration:**

Contractor's License Verified By (*official use*):

Check Cashing Business?	**Y**	**N**	**Permit #:**

Business Start Date In Merced:	**Number of Employees/Professionals:**	**Number of Units:**

Tax Identification Numbers:

Federal Tax ID #/SSN:	**State Tax ID #/SSN:**	**State Sales Tax #:**
☐ **Corporation** ☐ **Partnership** ☐ **Sole Owner** ☐ **Non-profit**		**Non-profit #:**

Owner's Information
(If more than 2 owners please attach a separate sheet of paper)

1) First Name:	**Middle Initial:**	**Last Name:**		**Suffix (Jr./Sr./III):**
Home Address (No P.O. Boxes):	**Apt. #:**	**City:**	**State:**	**Zip Code:**
Home Telephone: ( )	**Date of Birth:**	**Driver's License #:** (The Finance Dept. will make a copy of your license)		

2) First Name:	**Middle Initial:**	**Last Name:**		**Suffix (Jr./Sr./III):**
Home Address (No P.O. Boxes)	**Apt. #:**	**City:**	**State:**	**Zip Code:**
Home Telephone: **( )**	**Date of Birth:**	**Driver's License #:** (The Finance Dept. will make a copy of your license)		

Corporate Information (If Applicable)

Person/Agent for Service of Process (First and Last Name):		**Telephone: ( )**		
Home Address (No P.O. Boxes):	**Apt. #:**	**City:**	**State:**	**Zip Code:**

Emergency Contact Information (Provide two names):

Emergency Contact:	**Telephone Number: ( )**
Emergency Contact:	**Telephone Number: ( )**

Select a billing method: CPI Base Rate ☐ Gross Receipts ☐

I understand that this selection shall remain in effect for a minimum of four (4) consecutive quarters. Falsification of this statement is a misdemeanor. ( ) Initial

FOR FINANCE USE ONLY

Date Billed:	**Classification:**	
Additional Fee $	**Gross receipts ☐**	**CPI Base Rate ☐**
License Fee $	**License Number Issued:**	
Total Due	**Initial:**	

NOTE: Application continues on the following pages

Police Department Review Assessment		
Will your business involve any of the following? (answer all questions/circle yes or no)		
Firearms or Gunpowder (if gunpowder is used a fire permit may be required)	**Y**	**N**
Storage of Explosives	**Y**	**N**
Tattoo Establishments	**Y**	**N**
Curb Painting	**Y**	**N**
Taxicabs and Drivers (requires City Council approval)	**Y**	**N**
Limousine Service	**Y**	**N**
Card Room If yes, how many tables? _____	**Y**	**N**
Pool/Billiard Rooms and Family Billiard Parlors If yes, how many tables? _____	**Y**	**N**
Bingo or other games open to the general public	**Y**	**N**
Carnivals or Circuses	**Y**	**N**
Fortune Teller	**Y**	**N**
Child Care Centers If yes, how many children? _____	**Y**	**N**
Dependent Adult Care Centers	**Y**	**N**
Massage. State Certified? include number_____ and expiration date_____	**Y**	**N**
Door to door soliciting of goods or services	**Y**	**N**
Pawn Shop/Secondhand Dealer/Junk Dealer (requires City Council approval)	**Y**	**N**
Street or Sidewalk Vendor	**Y**	**N**
Liquidation Sale	**Y**	**N**
Itinerant Vendors	**Y**	**N**
Motion Picture Filming	**Y**	**N**
Dancing Permits	**Y**	**N**
Nightclub	**Y**	**N**
Alcohol Sales On-Sale ☐ Off-Sale ☐	**Y**	**N**
Adult Entertainment Business	**Y**	**N**
Renting or Selling Adult-Type Videos and Books	**Y**	**N**
Escort Service and/or Figure Modeling	**Y**	**N**
Mobile Auto Repair	**Y**	**N**
Tow Company and Drivers	**Y**	**N**
Fire Extinguisher Refill Business	**Y**	**N**
Alarm Companies	**Y**	**N**
Lock and Key Businesses, including mobile services	**Y**	**N**
Private Patrol, Security Services and Guards (requires City Council approval)	**Y**	**N**
If you answered "yes" to any of the questions, your license may be subject to Police Department review.		

Read the following information before signing below

The payment of a license tax required by the provisions of the Merced Municipal Code and its acceptance by the City, and the issuance of such license to any person shall not entitle the holder thereof to carry on any business unless he has complied with all the requirements of the Merced Municipal Code, California Fire Code, California Building Code, and all other applicable laws, nor to carry on any business in any building or on any premises designated on such license in the event that such building or premises are situated in a zone or locality in which the conduct of such business is in violation of any law.

This business license does not grant authorization to occupy any space, building, premises or property that requires modifications or additional approvals or permits. Any modifications or change of occupancy category to the building or space may require building permits. All new uses occupying space through lease, rent or ownership, whether a lot, tenant space, or portion of a property, must comply with local zoning laws. It is the responsibility of the business license applicant to obtain all necessary permits and approvals from the building department, fire department and planning department prior to occupying the space. For the reasons stated above, it is highly advisable that applicants for a business license contact the Building Department and Planning Department as early in the process of obtaining a business license as is possible. By ensuring permits and approvals are obtained in advance of occupancy, unforeseen construction and permit fees may be avoided.

Additionally, the Merced County Environmental Health Department has requirements for certain business operations such as any Food Facilities, Hazardous Materials/Waste (including medical), Care Facilities, Labor Services (handyman/contractors/janitorial/yard service, and many others). Please contact them at (209) 381-1100, or visit their offices at 260 E. 15th Street.

By signature below, I certify that I will operate my business in accordance with all applicable Federal, State, and City laws and regulations, including the requirements of the California Fire and Building Codes. I also certify that I am aware that it is my responsibility to obtain any necessary permits and/or approvals prior to occupying a business location, and that violations must be corrected.

Applicant's Printed Name:	
Applicant's Signature:	Date:
Applicant's Title:	

Is there a need for Supplemental Application Forms? Check all that apply.		
Business-Related Activity and Supplemental Application Form		*Responsible Department*
☐ Massage?	*Massage Application*	Finance Dept.
☐ Street and Sidewalk Vendor?	*Solicitors Permit*	Finance Dept.
☐ Curb Painting?	*Curb-Painting Application*	Finance Dept.
☐ Motion Picture Filming?	*Motion Picture Filming Application*	Finance Dept.
☐ Adult Entertainment?	*Adult Entertainment Business Applications*	Police Dept.
☐ Weapon Sales?	*Sale of Weapons Application*	Police Dept.
☐ Taxicab Service?	*Taxicab Service Application*	Police Dept.
☐ Pool and Billiard Rooms?	*Pool and Billiard Room Application*	Police Dept.
☐ Private Patrol Service?	*Private Patrol Application*	Police Dept.
☐ Second Hand Dealer/Pawn Shop?	*Goods Resale Application*	Police Dept.
☐ Work from Home in City?	*Home Occupation Certificate*	Planning Dept.
☐ Circus or Carnival?	*Temporary Outdoor Use Application*	Planning Dept.

Endorsements from other Departments and Agencies

Endorsement Required? ***☐ YES*** ***☐ NO***

City of Merced Police Department. 611 W. 22nd Street. (209) 385-6912

By: _____ Date: _____.

Endorsement Required? ***☐ YES*** ***☐ NO***

City of Merced Planning Department. 678 W 18th Street. (209) 385-6858

Zoning: _____. Home Occupation Certificate No. _____ (if applicable).

By: _____ Date: _____. Is a Land Use Entitlement Required Y / N

Endorsement Required? ***☐ YES*** ***☐ NO***

Merced County Environmental Health Department. 260 E 15th Street (209) 381-1100

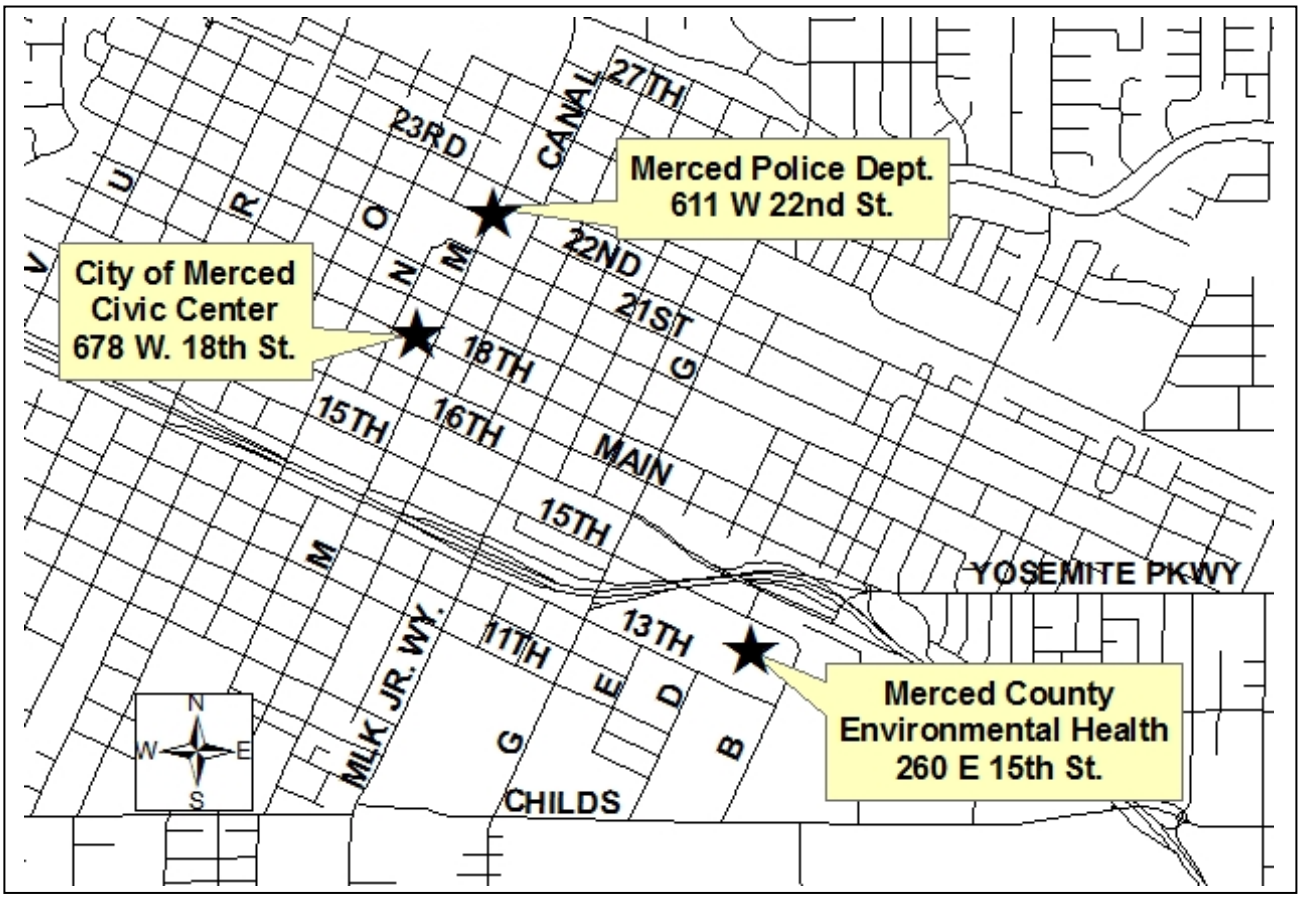
By: _____ Date: _____.

Endorsement Required? ***☐ YES*** ***☐ NO***

Merced County Public Health Department (massage only) 260 E. 15th Street. (209) 381-1023

By: _____ Date: _____.

*** Under federal law and state law, compliance with disability access laws 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; The Department of Rehabilitation at www.rehab.cahwnet.gov; The California Commission of Disability Access at www.ccda.ca.gov.


Merced Police Dept.
611 W 22nd St.
City of Merced
Civic Center
678 W. 18th St.
Merced County
Environmental Health
260 E 15th St.
27TH
23RD
CANAL
22ND
21ST
18TH
16TH
15TH
MAIN
15TH
YOSEMITE PKWY
13TH
11TH
MLK JR. WY.
CHILDS
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