



# BUSINESS LICENSE APPLICATION

Finance Department  
Phone: (209) 385-6843  
Fax: (209) 388-7217

E-Mail: [blinquiry@cityofmerced.org](mailto:blinquiry@cityofmerced.org)

City of Merced  
678 W. 18<sup>th</sup> 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 <u>home</u> address as the business address):			Suite/Apt #:
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City:	State:	Zip Code:	Telephone: (    )
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Mailing Address:    Same as Business Address?

Address:	Suite/Apt. No.:
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City:	State:	Zip Code:	E-Mail Address:
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## Business Activity (Provide a detailed description of all proposed business activities):


Licensed Contractor?	Y	N	License #:	Classification:	Expiration:
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Contractor's License Verified By (*official use*):

Check Cashing Business?	Y	N	Permit #:
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Business Start Date In Merced:	Number of Employees/Professionals:	Number of Units:
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## Tax Identification Numbers:

Federal Tax ID #/SSN:	State Tax ID #/SSN:	State Sales Tax #:
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<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	Non-profit #:
<input type="checkbox"/> Sole Owner	<input type="checkbox"/> Non-profit	

**Owner's Information**

(If more than 2 owners please attach a separate sheet of paper)

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

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

**Corporate Information (If Applicable)**

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

**Emergency Contact Information (Provide two names):**

<b>Emergency Contact:</b>	<b>Telephone Number:</b> (      )
<b>Emergency Contact:</b>	<b>Telephone Number:</b> (      )

**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**

<b>Date Billed:</b>	<b>Classification:</b>
<b>Additional Fee \$</b>	<b>Gross receipts</b> <input type="checkbox"/> <b>CPI Base Rate</b> <input type="checkbox"/>
<b>License Fee \$</b>	<b>License Number Issued:</b>
<b>Total Due</b>	<b>Initial:</b>

**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 <span style="float: right;">If yes, how many tables? _____</span>	Y	N
Pool/Billiard Rooms and Family Billiard Parlors <span style="float: right;">If yes, how many tables? _____</span>	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 <span style="float: right;">If yes, how many children? _____</span>	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 <span style="margin-left: 100px;">On-Sale <input type="checkbox"/></span> <span style="margin-left: 100px;">Off-Sale <input type="checkbox"/></span>	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. 15<sup>th</sup> 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.**

<i>Business-Related Activity and Supplemental Application Form</i>	<i>Responsible Department</i>
<input type="checkbox"/> Massage? <i>Massage Application</i>	Finance Dept.
<input type="checkbox"/> Street and Sidewalk Vendor? <i>Solicitors Permit</i>	Finance Dept.
<input type="checkbox"/> Curb Painting? <i>Curb-Painting Application</i>	Finance Dept.
<input type="checkbox"/> Motion Picture Filming? <i>Motion Picture Filming Application</i>	Finance Dept.
<input type="checkbox"/> Adult Entertainment? <i>Adult Entertainment Business Applications</i>	Police Dept.
<input type="checkbox"/> Weapon Sales? <i>Sale of Weapons Application</i>	Police Dept.
<input type="checkbox"/> Taxicab Service? <i>Taxicab Service Application</i>	Police Dept.
<input type="checkbox"/> Pool and Billiard Rooms? <i>Pool and Billiard Room Application</i>	Police Dept.
<input type="checkbox"/> Private Patrol Service? <i>Private Patrol Application</i>	Police Dept.
<input type="checkbox"/> Second Hand Dealer/Pawn Shop? <i>Goods Resale Application</i>	Police Dept.
<input type="checkbox"/> Work from Home in City? <i>Home Occupation Certificate</i>	Planning Dept.
<input type="checkbox"/> Circus or Carnival? <i>Temporary Outdoor Use Application</i>	Planning Dept.

**For Office Use Only: Endorsements from other Departments and Agencies**

**Endorsement Required?**  YES  NO

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

By: \_\_\_\_\_ Date: \_\_\_\_\_.

**Endorsement Required?**  YES  NO

City of Merced Planning Department. 678 W 18<sup>th</sup> 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 15<sup>th</sup> Street (209) 381-1100

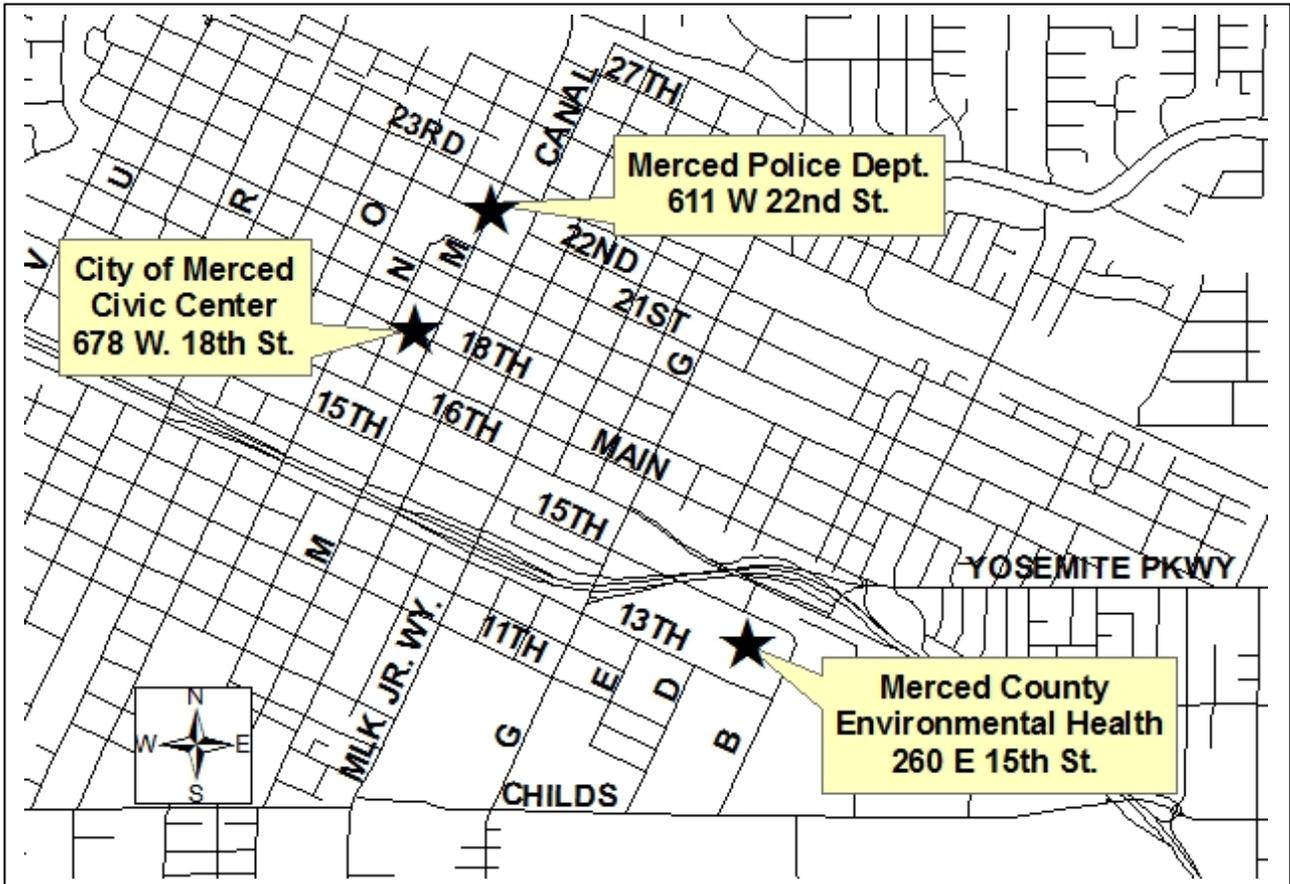
By: \_\_\_\_\_ Date: \_\_\_\_\_.

**Endorsement Required?**  YES  NO

Merced County Public Health Department (massage only) 260 E. 15<sup>th</sup> 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](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 of Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov).



~ ~ ~ WATER QUALITY CONTROL DIVISION ~ ~ ~

1776 Grogan Avenue • Merced, CA 95341

Office: (209) 385-6204

**PLEASE COMPLETE EACH SECTION BELOW:**

Name of Business: \_\_\_\_\_ Name of Owner: \_\_\_\_\_

Address of Business: \_\_\_\_\_ Ph #: \_\_\_\_\_

Type of Business: \_\_\_\_\_ SIC Code: \_\_\_\_\_ ([www.osha.gov](http://www.osha.gov))

**Complete and answer each question below. If the question does not apply, write Not Applicable. Thank you.**

1. Will your business apply pesticides, herbicides or fertilizers? If yes, list the name of the products used and how often applied: \_\_\_\_\_  
\_\_\_\_\_.

2. Is your business a wreckage or storage yard containing vehicles or motorized equipment? YES  NO

3. Will your facility be involved with any product manufacturing? YES  NO

List Product(s) below:

\_\_\_\_\_  
\_\_\_\_\_.

4. Will your facility store building or lumber materials outside? YES  NO

5. List chemicals and materials that will be stored outside: \_\_\_\_\_  
\_\_\_\_\_.

6. How will you cover outside chemical/material storage to prevent contribution of pollution from storm water runoff? \_\_\_\_\_  
\_\_\_\_\_.

7. Does your business provide car washing, detailing or cleaning of any kind? Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Internal Use Only:	
Review Date:	Inspection Date:
Follow Up:	RWQCB Notified:
Notes:	