



BUSINESS LICENSE APPLICATION
 CONTRACTOR BASED OUTSIDE CITY OF MERCED
 Finance Department
 (209) 385-6843

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

Business Start Date in Merced _____

- Please Check All That Apply: New Application Change of Owner
 Change of Business Name Add/Delete Partner
 Change of Address – Previous Address: _____
 Temporary Business: From: _____ To: _____

Business Name (Include DBA, if applicable)

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Business Address and Telephone Information:

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):

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Contractor's License #:	Classification:	Expiration:
Contractor's License Verified By (<i>official use</i>):		

Tax Identification Numbers:

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

Please read the information below before signing on the following page:

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.

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: ()	

I declare under penalty of perjury that the above information is true and correct to the best of my knowledge. 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 Code and California Building Code. I also certify that I am aware that a physical inspection may be performed of my business and I am required to correct any violations found during this inspection. I further understand that any false statements made herein are grounds for denial or revocation of my business license.

Signature:		Date:
Title:		
<u>Select a billing method:</u> CPI Base Rate <input type="checkbox"/> Gross Receipts <input type="checkbox"/>		
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		
Approved by: _____		Date: _____

FOR FINANCE USE ONLY

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