

CITY OF MERCED
FINANCE DEPARTMENT - BUSINESS LICENSE APPLICATION - _____

Business Name _____ **Date of Application** _____

Business Address _____ **Business Phone** _____

Mailing Address _____

Type of Business (give full description) _____

Type of Organization: Corporation () Partnership () Sole Owner () Other ()

Federal Tax (FEIN) ID# _____ **State Tax (SEIN) ID#** _____ **State Sales (BEAN) TAX#** _____

Name of Owner _____ **Home Phone** _____
Address _____ **Social Security #** _____

Name of Owner _____ **Home Phone** _____
Address _____ **Social Security #** _____

Name of Owner _____ **Home Phone** _____
Address _____ **Social Security #** _____

Name of Owner _____ **Home Phone** _____
Address _____ **Social Security #** _____

Emergency Contact (Primary) _____ **Phone** _____

Emergency Contact (Secondary) _____ **Phone** _____

() **New Business (Date Opened** _____)

() **Names of Previous Owner & Business** _____

() **Business Name Change (Previous Name** _____)

The undersigned applicant does hereby agree to indemnify and hold harmless the City of Merced, its officers, agents and employees from any and all liability, costs, damages, or injuries to persons or damage to property which may arise out of or in any way be connected with the business.

Signature _____ **License Fee \$** _____
Title _____ **Date** _____ **Penalty** _____
_____ **Total Due \$** _____
_____ **License Number** _____
_____ **Issued** _____

(For Finance Office Use Only)

Municipal Code _____ **Classification** _____ **Billing Freq.** _____

Fee Override _____ **Fee Override Expiration Date** _____

Region _____ **SIC** _____ **Account #** _____