

BUSINESS LICENSE APPLICATION

Finance Department (209) 385-6843

		Mer	
678	W.	18 th	St.
Mer	ced	CA	95340

Application Date:

Please Check All That Change of Address Change of Busines Add/Delete Partner New Business Ope (provide name of existing	s - Pr s Na	eviou me; p Temp g Wit	us Ad orevio oorary thin a	dress: ous bus y Busine	iness na ess Fr	me:	:			
	E	Busir	ness	Name	(Include	DBA	A, if applica	ble)		
**State licen	sad c	are fa	cilitios	mustus	the same	o na	me as listed	on the s	tata li	cansa
							one Infor			Cerise.
Address (Home-based by										Suite/Apt #:
Tradition (Tollio Bassa St	401110		iiuot u	00 tilo <u>110</u>	mo aaaroo	o uc		o addi o		
City:				Stat	te:		Zip Code:		Tele	phone:
Ma	ailin	g Ad	dres	 SS:	Same as	Bu	siness Add	dress?		<i>,</i>
Address:	,	<u> </u>							Suite/Apt. No.:	
City:				State:	Zip Coo	le:	E-Mail A	ddress	:	
Business Activi	ty (P	rovio	le a d	letailed	descripti	on	of all prope	osed b	usine	ess activities):
	<u> </u>				•					,
Licensed										
	Υ	N	Licer	nse #:			Classificat	tion:	E	expiration:
Contractor's License Verified By (official use):										
Constants of Licenses Formers By Comers accept										
Check Cashing Business?		Υ	N	Permit	:#:					
Business Start Date		_	1	Num	ber of				Nu	mber of Units:
In Merced: Employees/Professionals:										
Tax Identification Numbers:										
Federal Tax ID #/SSN: State Tax ID #/SSN: State Sales Tax #:					s Tax #:					
☐ Sole Owner ☐ Non-profit										

Owner's Information							
1) First Name: (If more than 2 owners pleased) Middle Initial:		e attach a separate sheet of paper) Last Name:			Suffix (Jr./Sr./III):		
,		Apt. #:				Zin Carlar	
Home Address (No P.O. Boxes):		<i>Α</i> ρι. <i>#</i> .	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:	Middl	le Initial:	Last Name:			Suffix (Jr./Sr./III):	
Home Address (No P.O. Box	es)	Apt. #:	City: State:			Zip Code:	
Home Telephone:	Date	of Birth:	irth: Driver's License #:				
()			(The Finance	e 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. #:		Apt. #:	City: State:		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							

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)	Υ	N				
Storage of Explosives	Υ	N				
Tattoo Establishments	Υ	N				
Curb Painting	Υ	N				
Taxicabs and Drivers (requires City Council approval)	Υ	N				
Limousine Service	Υ	N				
Card Room If yes, how many tables?	Υ	N				
Pool/Billiard Rooms and Family Billiard Parlors If yes, how many tables?	Υ	N				
Bingo or other games open to the general public	Υ	N				
Carnivals or Circuses	Υ	N				
Fortune Teller	Υ	N				
Child Care Centers If yes, how many children?	Υ	N				
Dependent Adult Care Centers	Υ	N				
Massage. State Certified? include number and expiration date	_ Y	N				
Door to door soliciting of goods or services	Υ	N				
Pawn Shop/Secondhand Dealer/Junk Dealer (requires City Council approval)	Υ	N				
Street or Sidewalk Vendor	Υ	N				
Liquidation Sale	Υ	N				
Itinerant Vendors	Υ	N				
Motion Picture Filming	Υ	N				
Dancing Permits	Υ	N				
Nightclub	Υ	N				
Alcohol Sales On-Sale □ Off-Sale □	Υ	N				
Adult Entertainment, including figure models	Υ	N				
Renting or Selling Adult-Type Videos	Υ	N				
Escort Service	Υ	N				
Mobile Auto Repair	Υ	N				
Tow Company and Drivers	Υ	N				
Fire Extinguisher Refill Business	Υ	N				
Alarm Companies	Υ	N				
Lock and Key Businesses, including mobile services	Υ	N				
Private Patrol, Security Services and Guards (requires City Council approval)	Υ	N				
If you answered "yes" to any of the questions, your license may be subject to Department review.	Police					

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	I Application Forms? Ch	eck all that apply.		
☐ Work from Home in City? Form Needed:	Home Occupation Certificate			
☐ Door-to-door sales, distribution of flyers, €	etc.? Form Needed: Solicitors	s Permit		
☐ Mobile Street Vendor? Form Needed: So	olicitors Permit			
☐ Curb Painting? Form Needed: Curb-Pair	nting Application			
☐ Circus or Carnival? Form Needed: Temp	oorary Outdoor Use Application	n		
☐ Massage? Form Needed: Massage Appl	lication			
Endorsements from of	ther Departments and A	gencies		
Endorsement Required? ☐ YES ☐ NO				
City of Merced Police Department. 611 W. 22	2 nd Street. (209) 385-6912			
By:	Date	e:		
Endorsement Required? ☐ YES ☐ NO				
City of Merced Planning Department. 678 W	18 th Street. (209) 385-6858			
Zoning: Home Occupation Certification	ate No (if ap	plicable).		
By: Date:				
Endorsement Required? ☐ YES ☐ NO				
Merced County Environmental Health Depar	tment. 260 E 15 th Street (209)	381-1100		
By:	` '			
Endorsement Required? ☐ YES ☐ NO				
Merced County Public Health Department (m	nassage only) 260 E. 15 th Stre	et. (209) 381-1023		
By: Date:				
		·		
*** Under federal law and state law, compliance with applies to all California building owners and tenants we your legal obligations and how to comply with disability Architect at www.dgs.ca.gov/dsa/Home.aspx ; The Dep Commission of Disability Access at www.ccda.ca.gov .	vith buildings open to the public. Yearly access laws at the following age	ou may obtain information abou encies: The Division of the State		
FOR FINA	ANCE USE ONLY			
Date Billed:	Classification:			
Additional Fee \$	Gross receipts □	CPI Base Rate □		
License Fee \$	License Number Issued	:		
Total Due	Initial:			

