



1133 "P" STREET
FIREBAUGH, CALIFORNIA 93622-2547
(559) 659-2043
FAX (559) 659-3412

Application for Municipal Business License
New License ___ **Renewal License** ___

Business Name: _____

Business Address: _____ **City** _____ **Zip** _____

Rental Property Address _____

Business Telephone: () _____ **Business Description:** _____

Circle One: **INDIVIDUAL** **PARTNERSHIP** **CORPORATION** **OTHER** _____

If your business is required to be licensed by a State or County Agency, the City must verify that you possess such a license. Please provide a copy of the certificates listed below, if applicable.

Board of Equalization # _____ **Federal Tax ID #** _____

Social Security # _____ **Contractors License #** _____

Self-Insured Certificate _____

CA Sellers Permit
CA State Health Department Certificate
CA State Contractors License
CA State Day Care Provider Certificate
CA State Private Patrol Operator License

Bureau of Automotive Repair License
Liability Insurance Certificate
Workers Compensation Certificate
Alcohol Beverage Control License
Tobacco License

ESTIMATED GROSS RECEIPTS FROM JULY TO JUNE OF EACH YEAR GENERATED FROM SALES OF SERVICES OR GOODS FROM YOUR PLACE OF BUSINESS WITHIN THE CITY LIMITS OF THE CITY OF FIREBAUGH OR THE SALES OF SERVICES OR GOODS FROM YOUR PLACE OF BUSINESS NOT LOCATED WITHIN THE CITY BUT DELIVERED OR PERFORMED WITHIN THE CITY LIMITS OF THE CITY OF FIREBAUGH.

\$ _____ *Please provide proof of Gross Receipts

Do you sell alcohol? YES NO
Do you sell tobacco? YES NO

Do you sell firearms? YES NO

Business Owner's Name: _____ **Home Phone:** _____

Home Address: _____ **City** _____ **Zip** _____

Manager on Site: _____ **Contact Phone:** _____

Address: _____ **City** _____ **Zip** _____

PLEASE CHECK THE APPROPRIATE LINE FOR "ESTIMATED" GROSS RECEIPTS

- Between \$1.00 and \$50,000.00** _____ = **\$50.00**
- Between \$50,000.00 and \$100,000.00** _____ = **\$100.00**
- Greater than \$100,000.00** _____ = **\$200.00**
- *Itinerant Business** _____ = **\$500.00 per Quarter**

CITY OF FIREBAUGH



FRESNO COUNTY, CALIFORNIA

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ANY PERSON TRAVELING FROM PLACE TO PLACE TO SELL OR DISPLAY MERCHANDISE, WITHOUT A PERMANENT BUSINESS ADDRESS, OR OTHERWISE DOING BUSINESS FROM A TEMPORARY STRUCURE OR MOVABLE VEHICLE, SHALL BE REQUIRED TO OBTAIN AN "ITINERANT BUSINESS LICENSE" FROM THE CITY AT THE RATE OF \$500.00 PAYABLE EVERY THREE MONTHS.

**THIS IS AN APPLICATION ONLY - "DOING BUSINESS WITHOUT YOUR FINAL BUSINESS LICENSE APPROVAL IS A MISDEMEANOR AND PUNISHABLE BY LAW"
PURSUANT TO CITY OF FIREBAUGH MUNICIPAL CODE SEC. 4- 2.25**

For Rental License

Number of Rental Units for Rent _____

Estimated Annual Gross Receipts for previous calendar year \$ _____

I understand that my gross receipts are subject to an audit per Municipal Code Section 4-2.12

I certify that the above information is correct to the best of my knowledge.

I declare under penalty of perjury that this is a true, correct, and complete license application. NOTICE: Issuance of a business license does not allow you to engage in a business whose operation would be in violation of other City Ordinances. Chapter 4-2.3 of the Firebaugh Municipal Code states persons required to pay a license tax for transacting and carrying on any business under this section shall not be relieved from the payment of any license tax for the privilege of doing such business required under any other ordinance of the City, and shall remain subject to the regulatory provisions of other ordinances. You are urged to check with the appropriate City Department and other regulatory agencies for further information about these regulations prior to paying for your licenses.

Signature _____ **Title** _____ **Date** _____

For City Use Only

Utility Clerk: _____ **APPROVAL:** _____ **DENIED:** _____

***Please refer to Firebaugh Municipal Code 4-2.14 for information regarding the Appeal of Refusal Procedure**

For City Use Only

City Manager: _____ **Approved** _____ **Date:** _____

Police Dept.: _____ **Approved** _____ **Date:** _____

Fire Dept.: _____ **Approved** _____ **Date:** _____

Building Dept.: _____ **Approved** _____ **Date:** _____

City Planner: _____ **Approved** _____ **Date:** _____

Code Enforcement: _____ **Approved** _____ **Date:** _____

Public Works: _____ **Approved** _____ **Date:** _____