



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

Application for Municipal Business License

New License ___ **Renewal License** ___

Effective Date July 01 - Expiration Date June 30

Business Name: _____

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

List address where each individual consents to receive service of process per AB2184, Sec. 16000.1(a)(2) and 16100.1(a)(2)

Rental Property Address _____

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

- INDIVIDUAL** **PARTNERSHIP** **CORPORATION** **OTHER** _____
- RETAIL** **WHOLESALE** **MANUFACTURING** **SERVICE** **OFFICE**

NOT PUBLIC INFORMATION

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/Driver License # or other ID # _____

Contractor 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

NOT PUBLIC INFORMATION

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

Service of Process Address: _____ **City** _____ **Zip** _____

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

If different from the Service of Process Address/Business Address

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

Email address: _____

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 firearms? YES NO Do you sell tobacco? YES NO

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

*ANY PERSON TRAVELING FROM PLACE TO PLACE TO SELL OR DISPLAY MERCHANDISE, WITHOUT A PERMANENT BUSINESS ADDRESS, OR OTHERWISE DOING BUSINESS FROM A TEMPORARY STRUCTURE 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

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: _____