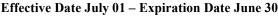
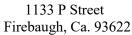
## City of Firebaugh

# Application for Municipal Business License Effective Date July 01 – Expiration Date June 30







New License Renewal License			
Business Name:			
Business Telephone:	Business Description:		
Mailing Address:	City	_State	_Zip
Home Address:	City	_State	_ Zip
Business Owner's Name:	Phon	e:	
*Please submit verification of the gross receipts of you Schedule C, Form 1065, Form 865, Form 1120, Form statement, or sales tax returns) from the last complete All documents submitted will not be returned.  Fees listed below in accordance with Resolution No. 23-51	1120S-S Corp, Form 882	25, Schedule E, pro	ofit & loss statement, financial
	Table 1		
Gross Receipts	Tax Fee		
\$1.00 - \$25,000.00	\$50.00		
\$25,000.01 - \$50,000.00	\$75.00		
\$50,000.01 - \$75,000.00	\$100.00		
\$75,000.01 - \$100,000.00	\$125.00		
\$100.000.01 - \$125,000.00	\$200.00		
\$125,000.01 - \$150,000.00	\$225.00		
\$150,000.01 - \$175,000.00	\$250.00		
\$175,000.01 - \$200,000.00	\$275.00		
\$200,000.01 - \$225,000.00 \$225,000.01 - \$250,000.00	\$300.00 \$325.00		
\$250,000.01 - \$275,000.00	\$350.00		
\$250,000.01 - \$275,000.00	\$375.00		
\$300,000.01 - \$300,000.00	\$400.00		
\$325,000.01 - \$350,000.00	\$425.00		
\$350,000.01 - \$375,000.00	\$450.00		
Greater Than - \$375,000.00	\$475.00		
<ol> <li>□ This is an estimate (No work in the city prior year)</li> <li>Annual Gross Receipt *MUST REPORT GR</li> <li>Gross receipts tax fee from Table 1</li> <li>SB 1186 State-mandated disability access compliant</li> </ol>	☐ Verification Includ	\$	

To pay your business tax/fee due, add lines 2 and 3.

provide a copy of the certificates listed below, if applicable. Board of Equalization # Federal Tax ID # Social Security #\_\_\_\_\_ Contractors License #\_\_\_\_ Self-Insured Certificate\_\_\_\_\_ ☐Bureau of Automotive Repair License □CA Sellers Permit ☐ CA State Health Department Certificate ☐ Liability Insurance Certificate ☐CA State Contractors License ☐ Workers Compensation Certificate ☐ CA State Day Care Provider Certificate ☐ Alcohol Beverage Control License ☐ CA State Private Patrol Operator License ☐ Tobacco License Do you sell alcohol?  $\square$ YES  $\square$ NO Do you sell firearms? □YES □NO Do you sell tobacco? □YES □NO Ordinance #4-2.19: Failure to pay a license tax when due, the collector shall add a penalty of 10% of the license tax on the last day of each month after the due date thereof, providing that the amount of such penalty to be added shall in no event exceed 100% of the amount of the license tax due. 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.

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

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

Signature Title Date\_\_\_\_



## **CITY OF FIREBAUGH**

## Business License Questionnaire

FIRE	BAU	GH (	CITY HALL 1133 "P" STREET FIREBAUGH, CA 93622 (559) 659-2043
D		Α.1	
			lress:e:Phone
Ema	il:	· ·	Fax:
21110	_		
Pleas	se exp	plain	the nature of your proposed business (you may attach a sheet if necessary)
Pleas	se ans	swer	each of the following questions. For any "yes" answers, please explain on the reverse or on another sheet
Yes	<u>No</u>		
Ф	<b></b>	1.	Will the business include any work, use or storage activities that are conducted outside of an enclosed buildin
Ф Ф Ф	₿		Will the business be discharging any waste other than domestic waste to the sewer system?
Ţ	#		Will the business operation include the use or storage of any acetylene, or arc welding or cutting?
Ф	₿	4.	Will the business operation include any processing, handling, storage or discharge of chemicals, including
*	*	_	hazardous chemicals and solvents?
↓ <del>.</del> *	<b>‡</b>		Will the business generate any hazardous waste at this site?
∤t 4r	<b>‡</b>		Will the business operation include the storage of more than 5 gallons of a flammable liquid of any type?
Ф Ф Ф	Ď Ď	7. 8.	Will the business operation include spray painting or powder coating? Will the business operation include sanding, cutting or shaping of wood or products producing combustible de
¥	¥	٥.	or fibers?
ነተ የ	₿	Q	Will the business operation include the repair or maintenance of motor vehicles?
ф Ф	₩		Will the building be used for education, instruction, and worship or dining?
Ď.	Ď		Will the business operation include selling or serving alcoholic beverages? If yes, what type of ABC license?
Ф	₿	12	Will the business include the preparation of food or beverages?
Ď	ΰ		Will the business include entertainment, including, but not limited to, live performances (bands, soloists, DJ's.
	-1-		music, dancing or other)?
ά	₿	14.	Will the business include arcade machines or other amusement devices, such as pool tables or computers?
<u>;</u>	₿		Are you aware of any Municipal Code violations on the property that have not been resolved?
¢.	₿		Will the business be sharing space with another business?
¢.	₿		Is the building equipped with a fire sprinkler system?
\$ \$ \$	₿		Will the business utilize outdoor storage, containers or temporary buildings?
¢.	₿		Will the business include arcade machines or other amusement devices, such as pool tables or computers?
¢.	₿		Will you be doing any building construction or alterations or equipment installations related to the operation of
			the business?
Ů.	₿	21.	Will the business involve adult entertainment?
			<u>Declaration</u>
ques	tionn	aire a	y and say, under penalty of perjury, that I am the applicant in the foregoing application, that I have read this and know the content thereof, and that the herein stated information, and all attachment hereto, are true and corray knowledge.
Sign	ature		Date:

#### CITY OF FIREBAUGH



#### FRESNO COUNTY, CALIFORNIA

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

# POLICE DEPARTMENT RESPONSIBLE PARTY NOTIFICATION ALL LICENSE APPLICANTS ONLY WITHIN CITY LOCATIONS

The following information must be completed and returned with your business license application and remittance:

Please understand that the requested information is for use by the Police and Fire Departments to notify a responsible party in the event an emergency situation occurs at your place of business. If this information should change, please notify the Firebaugh Police and Fire Departments at (559) 659-3051.

FULL NAME OF BUSINESS			
BUSINESS ADDRESS			
BUSINESS TELEPHONE			
OWNER/MANAGER			
in the event of an emergend business. Please list these	cy at your business. These persons mu people in the order that you wish them	umbers of four or more persons who can be contact st have keys and know any alarm codes to access contacted. If your business is alarm equipped DO N PONSE TIME – THEY WILL NOT BE CALLED.	you
<sup>#1</sup> Name	Address	Phone	
	Address		
#3 Name	Address	Phone	
	Address		
us by supplying the name, provide information on the t	mailing address, (including zip code) ar type of alarm installed in your place of b		
CITY:			
	BURGLARYROBBERYDISTURBA		
SIGNATURE	тіті.	DATE	