

# City of Firebaugh

## Application for Municipal Business License

Effective Date July 01 – Expiration Date June 30

1133 P Street  
Firebaugh, Ca. 93622



New License\_\_\_\_ Renewal License\_\_\_\_

Business Name: \_\_\_\_\_

Business Telephone:\_\_\_\_\_ Business Description:\_\_\_\_\_

Mailing Address:\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Home Address:\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Business Owner's Name:\_\_\_\_\_ Phone:\_\_\_\_\_

*\*Please submit verification of the gross receipts of your business such as a copy of the income tax return for the business (i.e.: Schedule C, Form 1065, Form 865, Form 1120, Form 1120S-S Corp, Form 8825, Schedule E, profit & loss statement, financial statement, or sales tax returns) from the last completed business tax year. The city does not require a copy of your entire tax return. All documents submitted will not be returned.*

Fees listed below in accordance with Resolution No. 23-51

**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	\$300.00
\$225,000.01 - \$250,000.00	\$325.00
\$250,000.01 - \$275,000.00	\$350.00
\$275,000.01 - \$300,000.00	\$375.00
\$300,000.01 - \$325,000.00	\$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

☐ This is an estimate (No work in the city prior year)    ☐ Verification Included

1. Annual Gross Receipt \*MUST REPORT GROSS
2. Gross receipts tax fee from Table 1
3. SB 1186 State-mandated disability access compliance fee
4. To pay your business tax/fee due, add lines 2 and 3.

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
+ \$ 4.00  
= \$ \_\_\_\_\_

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 \_\_\_\_\_

- |   |  |
|---|--|
| <input type="checkbox"/> CA Sellers Permit                        | <input type="checkbox"/> Bureau of Automotive Repair License |
| <input type="checkbox"/> CA State Health Department Certificate   | <input type="checkbox"/> Liability Insurance Certificate     |
| <input type="checkbox"/> CA State Contractors License             | <input type="checkbox"/> Workers Compensation Certificate    |
| <input type="checkbox"/> CA State Day Care Provider Certificate   | <input type="checkbox"/> Alcohol Beverage Control License    |
| <input type="checkbox"/> CA State Private Patrol Operator License | <input type="checkbox"/> Tobacco License                     |

Do you sell alcohol? ☐ YES ☐ 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.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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



# CITY OF FIREBAUGH

## Business License Questionnaire

**FIREBAUGH CITY HALL**

**1133 "P" STREET**

**FIREBAUGH, CA 93622**

**(559) 659-2043**

Business Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Please explain the nature of your proposed business (you may attach a sheet if necessary)

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Please answer each of the following questions. For any "yes" answers, please explain on the reverse or on another sheet

### **Yes No**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Will the business include any work, use or storage activities that are conducted outside of an enclosed building?                            |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Will the business be discharging any waste other than domestic waste to the sewer system?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Will the business operation include the use or storage of any acetylene, or arc welding or cutting?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Will the business operation include any processing, handling, storage or discharge of chemicals, including hazardous chemicals and solvents? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Will the business generate any hazardous waste at this site?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Will the business operation include the storage of more than 5 gallons of a flammable liquid of any type?                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Will the business operation include spray painting or powder coating?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Will the business operation include sanding, cutting or shaping of wood or products producing combustible dust or fibers?                    |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Will the business operation include the repair or maintenance of motor vehicles?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Will the building be used for education, instruction, and worship or dining?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Will the business operation include selling or serving alcoholic beverages? If yes, what type of ABC license?                               |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Will the business include the preparation of food or beverages?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Will the business include entertainment, including, but not limited to, live performances (bands, soloists, DJ's, music, dancing or other)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Will the business include arcade machines or other amusement devices, such as pool tables or computers?                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Are you aware of any Municipal Code violations on the property that have not been resolved?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Will the business be sharing space with another business?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Is the building equipped with a fire sprinkler system?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Will the business utilize outdoor storage, containers or temporary buildings?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. Will the business include arcade machines or other amusement devices, such as pool tables or computers?                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. Will you be doing any building construction or alterations or equipment installations related to the operation of the business?             |
| <input type="checkbox"/> | <input type="checkbox"/> | 21. Will the business involve adult entertainment?  |

### **Declaration**

I hereby certify and say, under penalty of perjury, that I am the applicant in the foregoing application, that I have read this questionnaire and know the content thereof, and that the herein stated information, and all attachment hereto, are true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ 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** \_\_\_\_\_

Please list below the names, home addresses, and home phone numbers of four or more persons who can be contacted in the event of an emergency at your business. These persons must have keys and know any alarm codes to access your business. Please list these people in the order that you wish them contacted. If your business is alarm equipped DO NOT LIST PERSONS WHO DO NOT LIVE WITHIN A 30 MINUTE RESPONSE TIME – THEY WILL NOT BE CALLED.

#1	Name _____	Address _____	Phone _____
#2	Name _____	Address _____	Phone _____
#3	Name _____	Address _____	Phone _____
#4	Name _____	Address _____	Phone _____

Many times, the Police and Fire Departments find it necessary to contact the alarm company for a business. Please assist us by supplying the name, mailing address, (including zip code) and telephone number of your alarm company. Please provide information on the type of alarm installed in your place of business.

**ALARM COMPANY NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**TELEPHONE:** \_\_\_\_\_

**TYPE OF ALARM SYSTEM:** BURGLARY \_\_\_ ROBBERY \_\_\_ DISTURBANCE \_\_\_ SILENT \_\_\_ AUDIBLE \_\_\_ FIRE \_\_\_

**SIGNATURE** \_\_\_\_\_ **TITLE** \_\_\_\_\_ **DATE** \_\_\_\_\_