



COMMUNITY AND ECONOMIC DEVELOPMENT DEPARTMENT
 2222 "M" STREET, MERCED, CA 95340
 PHONE: 209.385.7654 | FAX: 209.726.1710
BUSINESS LICENSE APPLICATION

NOTICE: FIELDS WITH " * " INDICATE THAT IT IS REQUIRED AND MUST BE COMPLETED. IF IT DOES NOT APPLY FILL IN "N/A"

CHECK ALL THAT APPLY:		<input type="checkbox"/> New Application	<input type="checkbox"/> Temporary Business	Start Date: _____	End Date: _____
<input type="checkbox"/> Home Based Business	<input type="checkbox"/> Change of Owner	<input type="checkbox"/> Change of Name	<input type="checkbox"/> Change of Location	<input type="checkbox"/> Cannabis Delivery	

BUSINESS INFORMATION	
*Business Name (include DBA, if applicable)	Start date in Merced County
Corporate Name (if any)	*Business Phone No. Business Fax No.
*Business Physical Address (NO P.O. Box per State of CA Business & Professions Code §17538.5)	Assessor's Parcel Number (APN)
*Business Mailing Address	
*Business Email Address	

BUSINESS ACTIVITY (Completely describe the activities of your business, including products and services.)							
Ownership Type (check one):	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC-Corp	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Non-Profit (501c)	<input type="checkbox"/> Veteran (DD214)	
*Description of Business:							
*Federal Employer ID No.:	*State Employer ID No.:	*Seller's Permit No.:	State Contractor's License No.:				
			No.:	Exp:			

OWNER INFORMATION (Owner(s), Partners, Corporate Officers (attach a sheet if necessary))									
*Owner 1 Name (First, Last):			Title:		*Owner 2 Name (First, Last):			Title:	
*Home Address:				*Home Address:					
*City:		*State:		*Zip:		*City:		*State:	
*Email Address:				*Email Address:					
*Phone No.:				*Phone No.:					

<p align="center">SB1186 Fee</p> <p>State law (Senate Bill 1186 and Assembly Bill 1379) requires local government to collect an additional \$4 fee from applicants when they seek a business license, permit or similar instrument when it is being issued or renewed. Please note that fees are inclusive of the County's license fee, plus the fee required by the state.</p> <p>_____</p> <p>"Under federal and state law (CA Govt. Code, Ch 7.5, Sec. 4469), compliance with disability access laws is a serious significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligation and how to comply with disability access laws at the following agencies:"</p> <p>The Division of the State Architect at: www.dgs.ca.gov/dsa/home.aspx, The Department of Rehabilitation at: www.rehab.cabwnet.gov The California Commission on Disability Access at: www.cdda.ca.gov</p>	<p>Business License Fee: Provide Number of Employees: <input style="width: 50px; height: 20px;" type="text"/></p> <p align="center">STATE FEE IS INCLUDED IN LICENSE FEE. DO NOT ADD.</p> <table style="width:100%;"> <tr> <td>Home Based-One Owner (Merced County only)</td> <td align="right">\$59.00</td> </tr> <tr> <td>Business- 1 to 10 Employees:</td> <td align="right">\$69.00</td> </tr> <tr> <td>Business- 11 to 25 Employees:</td> <td align="right">\$79.00</td> </tr> <tr> <td>Business- 26 to 50 Employees:</td> <td align="right">\$94.00</td> </tr> <tr> <td>Business- 51 to 100 Employees:</td> <td align="right">\$129.00</td> </tr> <tr> <td>Business- 100+ Employees:</td> <td align="right">\$179.00</td> </tr> <tr> <td>Temporary License – Thirty (30) Days or less:</td> <td align="right">\$24.00</td> </tr> </table>	Home Based-One Owner (Merced County only)	\$59.00	Business- 1 to 10 Employees:	\$69.00	Business- 11 to 25 Employees:	\$79.00	Business- 26 to 50 Employees:	\$94.00	Business- 51 to 100 Employees:	\$129.00	Business- 100+ Employees:	\$179.00	Temporary License – Thirty (30) Days or less:	\$24.00
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License Fee: \$ _____ Cash Check #: _____ Credit Card

NO Bills Larger Than \$20 will be accepted - Make Checks Payable To: Merced County - Additional Service Fee of \$3.00 Applies to All Credit Card Payments

ACCEPTANCE OF PAYMENT DOES NOT CONSTITUTE APPROVAL OF BUSINESS LICENSE – AUTHORIZATION TO CONDUCT BUSINESS IS NOT GRANTED UNTIL ISSUANCE OF LICENSE.

AFFIDAVIT: I HEREBY DECLARE UNDER PENALTY OF PERJURY, THAT THE INFORMATION IS TRUE AND CORRECT

Signature of Owner/Representative: _____ Date: _____



NOTE: If the activities of your business require you to answer "yes" to any of the below questions, the applicant is responsible for obtaining approval from applicable agencies prior to submitting the business license application to Merced County Community & Economic Development.

Buildings Division:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Will your business occupy an existing building with a vacancy of one year or longer?
<input type="checkbox"/>	<input type="checkbox"/>	2. Will your business be constructing a new building?
<input type="checkbox"/>	<input type="checkbox"/>	3. Will you have a home-based business with employees/customers on site?

Fire Department:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Will there be onsite fuel storage?
<input type="checkbox"/>	<input type="checkbox"/>	2. Will there be hazardous material storage?
<input type="checkbox"/>	<input type="checkbox"/>	3. Do you have a preplan with a responding fire station?

Environmental/Public Health Department:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Will your business be preparing or handling food, beverages or water to be sold or given directly to customers either at home or elsewhere? <i>(if doing wholesale sales only, answer NO)</i>
<input type="checkbox"/>	<input type="checkbox"/>	2. Will your business be painting, repairing, or maintaining vehicles or motors
<input type="checkbox"/>	<input type="checkbox"/>	3. Will your business involve tattooing or medical waste?
<input type="checkbox"/>	<input type="checkbox"/>	4. Will your business involve composting?
<input type="checkbox"/>	<input type="checkbox"/>	5. Will your business involve the keeping of any kind of fowl, goats, horses, cows, calves, cattle, sheep, or swine?
<input type="checkbox"/>	<input type="checkbox"/>	6. Will your business involve the keeping of used tires?
<input type="checkbox"/>	<input type="checkbox"/>	7. Will your business involve the storage of hazardous material (chemicals, fuel, other petroleum products, batteries, etc.) over these quantities: 55 gallons of liquids, 200 c. ft. of gases, or 500 pounds of solids or is an acutely hazardous substance per California Code of Regulation, Title 40, Section 355.61?
<input type="checkbox"/>	<input type="checkbox"/>	8. Will your business involve any amount of hazardous waste on-site, such as used oil, brake shoes, or pads, batteries

DECLARATION

I hereby certify and say, under penalty of perjury, that I am the applicant in the foregoing application, that I have read this Business License Application Questionnaire and know the content thereof, and that the herein stated information and all attachments

Signature _____ Date _____

STAFF USE ONLY		
BUILDINGS DIVISION	FIRE DEPARTMENT	ENVIRONMENTAL HEALTH
2222 "M" Street, Merced, CA 95340 209.385.7477	2222 "M" Street, Merced, CA 95340 209.385.7347	260 E. 15 th Street, Merced, CA 95340 209.381.1100