

CITY OF MADERA
Business License Application
Out Of Town Businesses Only
205 W 4th St.
Madera, CA. 93637
(559) 661-5408 Fax (559) 675-7067

According to City Ordinance § 6-1.05 *“It shall be unlawful for any person to commence, transact, engage in, or carry on any business in the city without first having procured a license from the city so to do, or without complying with any and all applicable regulations of this chapter and other related or relevant laws of the city..”*

INFORMATION

On September 19, 2012 Governor Brown signed into law SB-1186 which adds a state fee of \$1 on and after January 1, 2013 to any application for a city business license. The purpose is to increase disability access and compliance with construction-related accessibility requirements and to develop educational resources for businesses in order to facilitate compliance with federal and state disability laws, as specified.

Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:

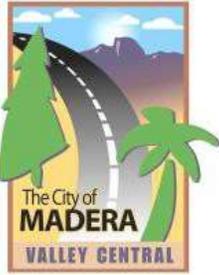
- The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx
- The Department of Rehabilitation at www.rehab.cahwnet.gov
- The California Commission on Disability Access at www.cdda.ca.gov

Dear Applicant:

Enclosed is the application you requested for a City of Madera business license. Please complete and return the enclosed application along with one-time **non-refundable application fee of \$50.00 and a \$1.00 ADA compliance fee. In addition once your application is received you will be billed for the current license fee due.** All businesses are charged a yearly business license fee, billed annually from July 1st through June 30th. This fee is a flat rate for certain types of businesses or based on your gross receipts for business done in the City of Madera, which you estimate at the time you submit the application. If your license is based on gross receipts, you will be sent a Gross Receipts Reporting Form at the beginning of each new year. After the form is filled out and returned to us, your Business License Tax will be adjusted for the following year.

Filing the application and paying the application fee does not automatically provide you with a business license. Other city departments will review your application. Special conditions may apply to the type of business or business location you have selected and prolong the approval time. This will be determined during the review process.

After the review process has been completed, the Business License Department will notify you of either final approval or you will be notified by the other departments of conditions that you may be required to complete prior to the issuance of a business license. The approval process can take up to three (3) weeks.



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EFFECTIVE DATE: _____

If a change in ownership, what was the previous business name? _____

BUSINESS NAME: _____

Address: _____ Suite / Apt # _____

City: _____ State: _____ Zip: _____ Bus Phone: (____) _____

MAILING ADDRESS (if different from the business location)

Address: _____ Suite / Apt # _____

City: _____ State: _____ Zip: _____

DESCRIPTION OF BUSINESS/USE: _____

TAX INFORMATION:

Sole Proprietor Partnership Corporation LLC Non Profit/Exempt

Fed Tax ID: _____ State Tax ID: _____ Corporate Phone: (____) _____

State Board of Equalization # (Resale Permit) _____

ESTIMATED GROSS RECEIPTS FOR 1 MONTH CITY OF MADERA ONLY (State Lic Contractors, see below) \$ _____

STATE LICENSE CONTRACTOR

Contractor's License # _____

- If this is a 1 time job what is the value? \$ _____ Address/Location _____
- No specific job **Your Estimated Gross Receipts For 1 Month (City Of Madera Only) \$** _____

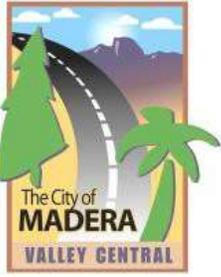
OFFICE USE ONLY

ID Card Fee: \$10.00
 Background Check Fee: \$67
 Update Fee: \$10.00
 Application Fee: \$50.00
 ADA Compliance Fee: \$1.00

Total yearly gross receipts: \$ _____
 Mill/Flat Fee per year: \$ _____
 Prorated at: % _____
 Total tax fee due: \$ _____
TOTAL DUE: \$ _____

Business License Account No. _____

Remarks: _____



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BUSINESS OWNER INFORMATION - Sole Proprietor / Partnership

First Name _____ Last Name _____
 Home Address _____ Apt # _____ City _____ St _____ Zip _____
 Phone# (____) _____ Social Security # _____ Driver's License # _____

First Name _____ Last Name _____
 Home Address _____ Apt # _____ City _____ St _____ Zip _____
 Phone# (____) _____ Social Security # _____ Driver's License # _____

BACKGROUND CHECK/ FINGERPRINTING

The following types of business require a background check/fingerprinting to be completed at the City of Madera Police Department.

- Massage/Physical Therapist
- Itinerant Peddler/Mobile Vendor
- Photographer
- Pawn/Second Hand Dealer Licenses
- Security Guard
- Taxicab

A City of Madera business license is renewed automatically at the commencement of our fiscal year in July. If you are no longer doing business in the City of Madera and do not wish to renew please provide a written request to cancel or call to request a cancellation form and mail your request to the address below.

THIS IS AN APPLICATION ONLY, DOING BUSINESS WITHOUT YOUR FINAL BUSINESS LICENSE APPROVAL IS A MISDEMEANOR AND PUNISHABLE BY LAW. 'SEC. 6-1.03 MMC'

"I declare under penalty of perjury that this is a true, correct, and complete application."

Owner Print Name: _____
 (If Corporation, Contact Person)

Title: _____

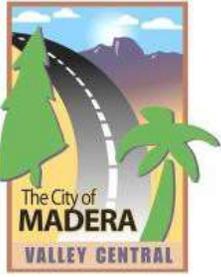
Signature: _____

Date: _____

Owner Print Name: _____
 (2nd Owner if Partnership)

Signature: _____

Date: _____



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WORKER'S COMPENSATION DECLARATION

I hereby affirm, under penalty of perjury, one of the following declarations:

I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided by Section 3700, for the duration of any business activities conducted for which this license is issued.

I have and will maintain workers' compensation insurance, as required by Section 3700, for the duration of any business activities conducted for which this license is issued.

My worker's compensation insurance carrier and policy number are:

Carrier: _____

Policy Number: _____

I certify that in the performance of any business activities for which this license is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with the provisions of Section 3700.

Name: _____ Date: _____

Address: _____

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO \$100,000, IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.