

**CITY OF MADERA**  
**Business License Application**  
**Out Of Town Businesses Only**  
205 W 4<sup>th</sup> 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 October 11, 2017 Governor Brown signed to revise law SB-1186 changing the state fee to \$4 (previously \$1.00) on and after January 1, 2018 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:

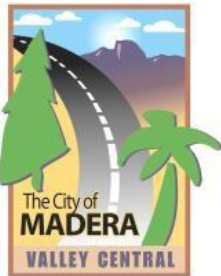
- The Division of the State Architect at [www.dgs.ca.gov/dsa/Home.aspx](http://www.dgs.ca.gov/dsa/Home.aspx)
- The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov)
- The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov)

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 \$4.00 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 30<sup>th</sup>. 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** (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** \$ \_\_\_\_\_

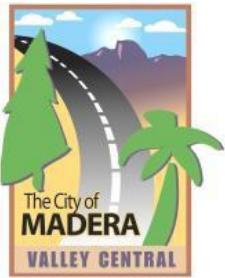
**OFFICE USE ONLY**

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: \_\_\_\_\_

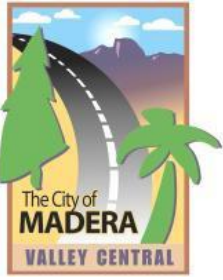
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Owner Print Name: \_\_\_\_\_  
 (2<sup>nd</sup> 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.**