



CITY OF MADERA

Local Business Application

205 W 4th St. Madera, CA 93637
(559) 661-5408 FAX (559) 675-7067
businesslicense@madera.gov

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
- The Department of Rehabilitation at www.rehab.cahwnet.gov
- The California Commission on Disability Access at www.cdda.ca.gov

We value your choice in doing business in the City of Madera, enclosed is the application for a City of Madera business license. A business license application may only be submitted once you have secured a suitable location. Your specific location must be zoned properly for the business you choose to conduct, please contact the Planning Department for more information (559) 661-5430. **All home-based businesses doing business as "office only" must first secure a Home Occupation Permit through the Planning Department.**

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 30th. This fee is a flat rate for certain types of businesses or based on your gross receipts for all business performed in the City.

The processing of your application is approximately three weeks, all applicable departments must review and approve your application before your business license is issued. Certain regulatory requirements may prolong your approval time.

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.



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PROCEDURES

Filing the application and paying the application fee does not automatically provide you with a business license. All applications are subject to review by the following departments:

Planning – Each business license is reviewed for conformance with the City’s many zone districts. In certain cases, additional permits are required. Any type of signage at a location requires a sign permit.

Public Works - Checks for water quality to ensure no cross contamination of the City water system due to storage of chemicals, backpressure, booster pumps, or location thereof.

Building – Changes in occupancy, tenant improvements, or new construction as provided in the Building Code are inspected and approved.

Handyman - Business and Professions Code 7048- Minor Work Exemption

Non-Licensed individuals may undertake jobs of less than \$1,000.00 including labor and materials. Work must be casual and minor in nature and may not:

- Be part of a larger project.
- Value of the project may not be divided up to “qualify” under the \$1,000 dollar rule.
- Cannot advertise to indicate to the public you are a Licensed Contractor. For licensing info call 1-800-321-2752.

Fire Inspection – See fire inspection checklist. Please note: a proper inspection can only be conducted when your business is furnished, and you are business ready. An appointment is necessary to secure an inspection. This also applies to those businesses who are sharing office space. Appointments must be scheduled by calling the Building Department Inspections Request Line at (559) 661-5445.

Code Enforcement – Reviews all applications to ensure other departments’ recommendations are followed, all applicable business owners are aware of the City’s Sign Ordinance and there are no pending violations or actions with the business and/or location of the business. After your Fire inspection has been completed, contact Code Enforcement at (559) 661-5114 to schedule your inspection.

Police Department – Background check compliance, security companies and any other reason deemed necessary.

Madera County Environmental Health’s Food Safety Program – Food Inspection Report is required for any retail or mobile food facility applying for a City license. Please call (559) 675-7823 to obtain a valid health permit.

Once approved by the necessary departments, your business license will be issued. The total processing period is approximately 3 weeks. A business license is permanent unless terminated or revoked. You must terminate your account in writing if no longer doing business, otherwise you will continue to be billed and responsible for the amount due.



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PLANNING DEPT USE ONLY:
Approved by: _____
Date: _____

EFFECTIVE DATE: _____

If a change in ownership, what was the previous business name? _____
If a change of business location, what was the previous address? _____
If adding or removing a partner, what was the previous owner's name? _____
If changing business name only, what was the previous business name? _____

BUSINESS NAME: _____

EMAIL: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS (if different from business location)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DESCRIPTION OF BUSINESS: _____

TAX INFORMATION:

Sole Proprietor [] Partnership [] Corporation [] LLC [] Non-Profit/Exempt []

Fed Tax ID: _____ State Tax ID: _____

State Board of Equalization # (Resale Permit): _____

ESTIMATED GROSS RECEIPTS FOR 1 MONTH IN THE CITY OF MADERA: \$ _____

STATE LICENSE CONTRACTOR:

License #: _____ Address/Location of job: _____

If this is a one-time job, what is the value: \$ _____



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PLEASE ANSWER ALL QUESTIONS:

1. Are you properly zoned for your type of business? Yes No
2. Are you are home based business? Yes No
3. If yes have you applied for your Home Occupation Permit? Yes No N/A
4. Is the building space new construction? Yes No
5. Will you be making any tenant improvements or changes to the building? Yes No
6. Will your business involve the sale of sexual orientated material? Yes No
7. Does your business involve the use or storage of any hazardous materials such as chemicals, paint, or combustible material? Yes No
8. Will you be placing any type of signs on or next to your business? Yes No
If yes, please see the signage pamphlet for more information.
9. Alcohol Sales? Yes No
If yes, please see the Planning Dept for more information at 559-661-5430.
10. Will you be selling tobacco or tobacco related products? Yes No
If yes, please see the Planning Department for assistance.
11. Private Security/Guard Co? Yes No
Color pictures are required of uniforms and/or vehicles.
12. Will you be offering/selling any type of food/drink? Yes No
If yes, please contact Madera County Environmental Health.
13. Is medical waste generated at this facility? Yes No
If yes, please contact Madera County Environmental Health.
14. Will you be selling 2nd hand or used items? Yes No
15. Are you selling anything at retail? Yes No
If yes, a seller's permit is required before your business license can be approved.
16. Are you renting space at a beauty salon? Yes No
If yes, a fire inspection is required prior to approval.
17. Are you sharing office space with another business? Yes No
If yes, what is the business name? _____
18. What is the square footage of your lease space? _____



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BUSINESS OWNER INFORMATION – Sole Proprietor/Partnership

First Name: _____ Last Name: _____

Address: _____

Phone: _____ SSN: _____ DL/ID#: _____

First Name: _____ Last Name: _____

Address: _____

Phone: _____ SSN: _____ DL/ID#: _____

BACKGROUND CHECK/FINGERPRINTING

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

- Massage/Physical Therapist
 - Security Guard
 - Taxicab
 - Pawn/Secondhand Dealer Licenses
 - Itinerant Peddler/Mobil Vendor
 - Photographer
-
-

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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: _____ Title: _____
(If not the owner, contact person)

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.

or

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.



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CITY COMMERCIAL LOCATIONS ONLY

The following information *must* be completed and returned to the Madera Finance Department, prior to your business license being issued.

Please understand that the information requested is for use by the Police Department to notify a responsible party, in the event that emergency situations should occur at your business. If this information should change at any time during the year you are requested to notify the Madera Police Department at (559) 675-4274.

Full Name of Business: _____

Business Address: _____

Business Phone(s): _____

Owner/Manager: _____

Please list below the names, home addresses, and home phone numbers of four (4) or more persons who can be contacted in the event of an emergency at your business. These persons must have keys and know alarm codes to access your business. List these people in the order that you wish them to be contacted. The City of Madera Alarm Ordinance requires that responsible persons must live within a thirty (30) minute response area and must respond within 30 minutes if your alarm activates. Do not list any persons who do not have keys to the business nor who do not live within a 30-minute response area. You must provide home phone numbers, as most times the person will need to be contacted at home. Business phone numbers may also be provided.

NAME	ADDRESS	PHONE

Many times, the Police Department has had to contact the alarm company for a business. Please assist us by supplying the name, mailing address, and phone number of your alarm company. Also, provide the information on the type of alarm you have:

Do you have an alarm? Yes No If yes, please provide the following information:

Company Name: _____

Address: _____

Phone: _____

Type of Alarm: Burglary Robbery Disturbance Silent Audible