

#### **Out of Town Business Application**

205 W 4<sup>th</sup> 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.ccda.ca.gov

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 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 owners	hip, what was the pr	evious business name	e?			
BUSINESS NAME:						
EMAIL:		PHONE:				
ADDRESS:						
CITY:		STATE:	ZIP:			
MAILING ADDRESS (i	f different from busi	ness location)				
ADDRESS:						
CITY:		STATE:	ZIP:			
DESCRIPTION OF BUS	SINESS:					
TAX INFORMATION:						
Sole Proprietor 🗌	Partnership 🗌	Corporation $\square$	ггс 🗆	Non-Profit/Exempt		
Fed Tax ID:		State Tax ID:_				
State Board of Equali:	zation # (Resale Perr	nit):				
ESTIMATED GROSS R	ECEIPTS FOR 1 MON	ITH IN THE CITY OF M	IADERA: \$			
STATE LICENSE CONT	RACTOR:					
License #:						
If this is a 1-time job, what is the value? \$			_ Address/Location:			
No specific job, your	estimated gross rece	ipts for 1 month: \$				
BUSINESS OWNER IN	FORMATION – Sole	Proprietor/Partnersh	ip			



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First Nar	st Name:Last Name:				
Address	:				
Phone:_		SSN:	DL/ID#:		
First Nar	me:	Last Name:			
Address	:				
Phone:_		SSN:	DL/ID#:		
BACKGR	OUND CHECK/FINGERPRINT	ING			
	owing types of businesses rec era Police Department:	quire a background o	check/fingerprinting to be completed at the Cit		
<b>=</b> ;	Massage/Physical Therapist Security Guard Taxicab	•	econdhand Dealer Licenses t Peddler/Mobil Vendor apher		
are no lo		of Madera and do not	the commencement of our fiscal year in July. If you wish to renew please provide a written request to uest to the address below.		
	N APPLICATION ONLY, DOING E		OUR FINAL BUSINESS LICENSE APPROVAL IS A		
"I declare	e under penalty of perjury that t	his is a true, correct, a	and complete application."		
Owner Pr	rint Name:		Title:		
	(If not the own	ner, contact person)			
Signature	e:		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:			
Addres	s:			

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.