



BUSINESS LICENSE

APPLICATION

Finance Department
TEL # (209) 385-6843
FAX # (209) 388-7217

Email: blinquiry@cityofmerced.org

City of Merced
678 W. 18th St.
Merced, CA 95340

Application Date: 11/30/20

Please Check All That Apply: [X] New Application [] Change of Owner
[] Change of Address - Previous Address:
[] Change of Business Name; previous business name:
[] Add/Delete Partner [] Temporary Business From to
[] New Business Operating Within an Existing Business
(provide name of existing business)

Business Name (Include DBA, if applicable)
American Guard Services, Inc.
**State licensed care facilities, must use the same name as listed on the state license.

Business Address and Telephone Information:
Address (Home-based businesses must use the home address as the business address): Suite/Apt #:
1125 W 190th Street N/A
City: Los Angeles State: CA Zip Code: 90248 Telephone: (424) 213-4020

Mailing Address: Same as Business Address? [X]
Address: Suite/Apt. No.:
City: State: Zip Code: E-Mail Address:

Business Activity (Provide a detailed description of all proposed business activities):
Security Guard Services.

Licensed Contractor? N/A Y N License #: Classification: Expiration:
Contractor's License Verified By (official use):

Check Cashing Business? N/A Y N Permit #:
Business Start Date In Merced: 1/1/21 Number of Employees/Professionals: 3-5 Number of Units: N/A

Tax Identification Numbers:
Federal Tax ID #/SSN: State Tax ID #/SSN: State Sales Tax #: N/A

[X] Corporation [] Partnership [] Sole Owner Non-profit #: N/A
[] Non-profit

Owner's Information

(If more than 2 owners please attach a separate sheet of paper)

1) First Name: Shenif	Middle Initial: M.	Last Name: Assal	Suffix (Jr./Sr./III):
Home Address (No P.O. Boxes): [REDACTED]	Apt. #:	City: Yorba Linda	State: CA
Home Telephone: [REDACTED]	Date of Birth: [REDACTED]	Driver's License #: [REDACTED] (The Finance Dept. will make a copy of your license)	

2) First Name: Shenine	Middle Initial: M.	Last Name: Assal	Suffix (Jr./Sr./III):
Home Address (No P.O. Boxes): [REDACTED]	Apt. #: N/A	City: Rancho Palos Verdes	State: CA
Home Telephone: [REDACTED]	Date of Birth: [REDACTED]	Driver's License #: [REDACTED] (The Finance Dept. will make a copy of your license)	

Corporate Information (If Applicable) N/A

Person/Agent for Service of Process (First and Last Name):	Telephone: ()			
Home Address (No P.O. Boxes):	Apt. #:	City:	State:	Zip Code:

Emergency Contact Information (Provide two names):

Emergency Contact: Carla O'bannon	Telephone Number: [REDACTED]
Emergency Contact: Lexus Bryant	Telephone Number: [REDACTED]

Select a billing method: CPI Base Rate Gross Receipts

I understand that this selection shall remain in effect for a minimum of four (4) consecutive quarters. Falsification of this statement is a misdemeanor. () Initial

FOR FINANCE USE ONLY

Date Billed:	Classification:
Additional Fee \$	Gross receipts <input type="checkbox"/> CPI Base Rate <input type="checkbox"/>
License Fee \$	License Number Issued:
Total Due	Initial:

NOTE: Application continues on the following pages

Police Department Review Assessment

Will your business involve any of the following? (answer all questions/circle yes or no)

Firearms or Gunpowder (if gunpowder is used a fire permit may be required)	Y	<input checked="" type="radio"/> N
Storage of Explosives	Y	<input checked="" type="radio"/> N
Tattoo Establishments	Y	<input checked="" type="radio"/> N
Curb Painting	Y	<input checked="" type="radio"/> N
Taxicabs and Drivers (requires City Council approval)	Y	<input checked="" type="radio"/> N
Limousine Service	Y	<input checked="" type="radio"/> N
Card Room	If yes, how many tables? _____	Y <input checked="" type="radio"/> N
Pool/Billiard Rooms and Family Billiard Parlors	If yes, how many tables? _____	Y <input checked="" type="radio"/> N
Bingo or other games open to the general public		Y <input checked="" type="radio"/> N
Carnivals or Circuses		Y <input checked="" type="radio"/> N
Fortune Teller		Y <input checked="" type="radio"/> N
Child Care Centers	If yes, how many children? _____	Y <input checked="" type="radio"/> N
Dependent Adult Care Centers		Y <input checked="" type="radio"/> N
Massage. State Certified? include number _____ and expiration date _____		Y <input checked="" type="radio"/> N
Door to door soliciting of goods or services		Y <input checked="" type="radio"/> N
Pawn Shop/Secondhand Dealer/Junk Dealer (requires City Council approval)		Y <input checked="" type="radio"/> N
Street or Sidewalk Vendor		Y <input checked="" type="radio"/> N
Liquidation Sale		Y <input checked="" type="radio"/> N
Itinerant Vendors		Y <input checked="" type="radio"/> N
Motion Picture Filming		Y <input checked="" type="radio"/> N
Dancing Permits		Y <input checked="" type="radio"/> N
Nightclub		Y <input checked="" type="radio"/> N
Alcohol Sales	On-Sale <input type="checkbox"/> Off-Sale <input type="checkbox"/>	Y <input checked="" type="radio"/> N
Adult Entertainment Business		Y <input checked="" type="radio"/> N
Renting or Selling Adult-Type Videos and Books		Y <input checked="" type="radio"/> N
Escort Service and/or Figure Modeling		Y <input checked="" type="radio"/> N
Mobile Auto Repair		Y <input checked="" type="radio"/> N
Tow Company and Drivers		Y <input checked="" type="radio"/> N
Fire Extinguisher Refill Business		Y <input checked="" type="radio"/> N
Alarm Companies		Y <input checked="" type="radio"/> N
Lock and Key Businesses, including mobile services		Y <input checked="" type="radio"/> N
Private Patrol, Security Services and Guards (requires City Council approval)		<input checked="" type="radio"/> Y <input type="radio"/> N

If you answered "yes" to any of the questions, your license may be subject to Police Department review.

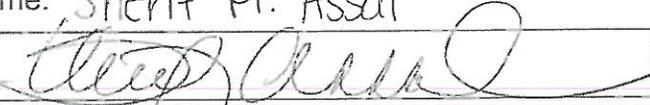
Read the following information before signing below

The payment of a license tax required by the provisions of the Merced Municipal Code and its acceptance by the City, and the issuance of such license to any person shall not entitle the holder thereof to carry on any business unless he has complied with all the requirements of the Merced Municipal Code, California Fire Code, California Building Code, and all other applicable laws, nor to carry on any business in any building or on any premises designated on such license in the event that such building or premises are situated in a zone or locality in which the conduct of such business is in violation of any law.

This business license does not grant authorization to occupy any space, building, premises or property that requires modifications or additional approvals or permits. Any modifications or change of occupancy category to the building or space may require building permits. All new uses occupying space through lease, rent or ownership, whether a lot, tenant space, or portion of a property, must comply with local zoning laws. It is the responsibility of the business license applicant to obtain all necessary permits and approvals from the building department, fire department and planning department prior to occupying the space. For the reasons stated above, it is highly advisable that applicants for a business license contact the Building Department and Planning Department as early in the process of obtaining a business license as is possible. By ensuring permits and approvals are obtained in advance of occupancy, unforeseen construction and permit fees may be avoided.

Additionally, the Merced County Environmental Health Department has requirements for certain business operations such as any Food Facilities, Hazardous Materials/Waste (including medical), Care Facilities, Labor Services (handyman/contractors/janitorial/yard service, and many others). Please contact them at (209) 381-1100, or visit their offices at 260 E. 15th Street.

By signature below, I certify that I will operate my business in accordance with all applicable Federal, State, and City laws and regulations, including the requirements of the California Fire and Building Codes. I also certify that I am aware that it is my responsibility to obtain any necessary permits and/or approvals prior to occupying a business location, and that violations must be corrected.

Applicant's Printed Name: Shenf M. Assal	
Applicant's Signature: 	Date: 11/30/20
Applicant's Title: Senior Vice President	

N/A

Is there a need for Supplemental Application Forms? Check all that apply.

<i>Business-Related Activity and Supplemental Application Form</i>	<i>Responsible Department</i>
<input type="checkbox"/> Massage? <i>Massage Application</i>	Finance Dept.
<input type="checkbox"/> Street and Sidewalk Vendor? <i>Solicitors Permit</i>	Finance Dept.
<input type="checkbox"/> Curb Painting? <i>Curb-Painting Application</i>	Finance Dept.
<input type="checkbox"/> Motion Picture Filming? <i>Motion Picture Filming Application</i>	Finance Dept.
<input type="checkbox"/> Adult Entertainment? <i>Adult Entertainment Business Applications</i>	Police Dept.
<input type="checkbox"/> Weapon Sales? <i>Sale of Weapons Application</i>	Police Dept.
<input type="checkbox"/> Taxicab Service? <i>Taxicab Service Application</i>	Police Dept.
<input type="checkbox"/> Pool and Billiard Rooms? <i>Pool and Billiard Room Application</i>	Police Dept.
<input type="checkbox"/> Private Patrol Service? <i>Private Patrol Application</i>	Police Dept.
<input type="checkbox"/> Second Hand Dealer/Pawn Shop? <i>Goods Resale Application</i>	Police Dept.
<input type="checkbox"/> Work from Home in City? <i>Home Occupation Certificate</i>	Planning Dept.
<input type="checkbox"/> Circus or Carnival? <i>Temporary Outdoor Use Application</i>	Planning Dept.

Endorsements from other Departments and Agencies

Endorsement Required? YES NO

City of Merced Police Department. 611 W. 22nd Street. (209) 385-6912

By: LT. WARY SB Date: 4/5/21

Endorsement Required? YES NO

City of Merced Planning Department. 678 W 18th Street. (209) 385-6858

Zoning: _____ Home Occupation Certificate No. _____ (if applicable).

By: _____ Date: _____ Is a Land Use Entitlement Required Y / N

Endorsement Required? YES NO

Merced County Environmental Health Department. 260 E 15th Street (209) 381-1100

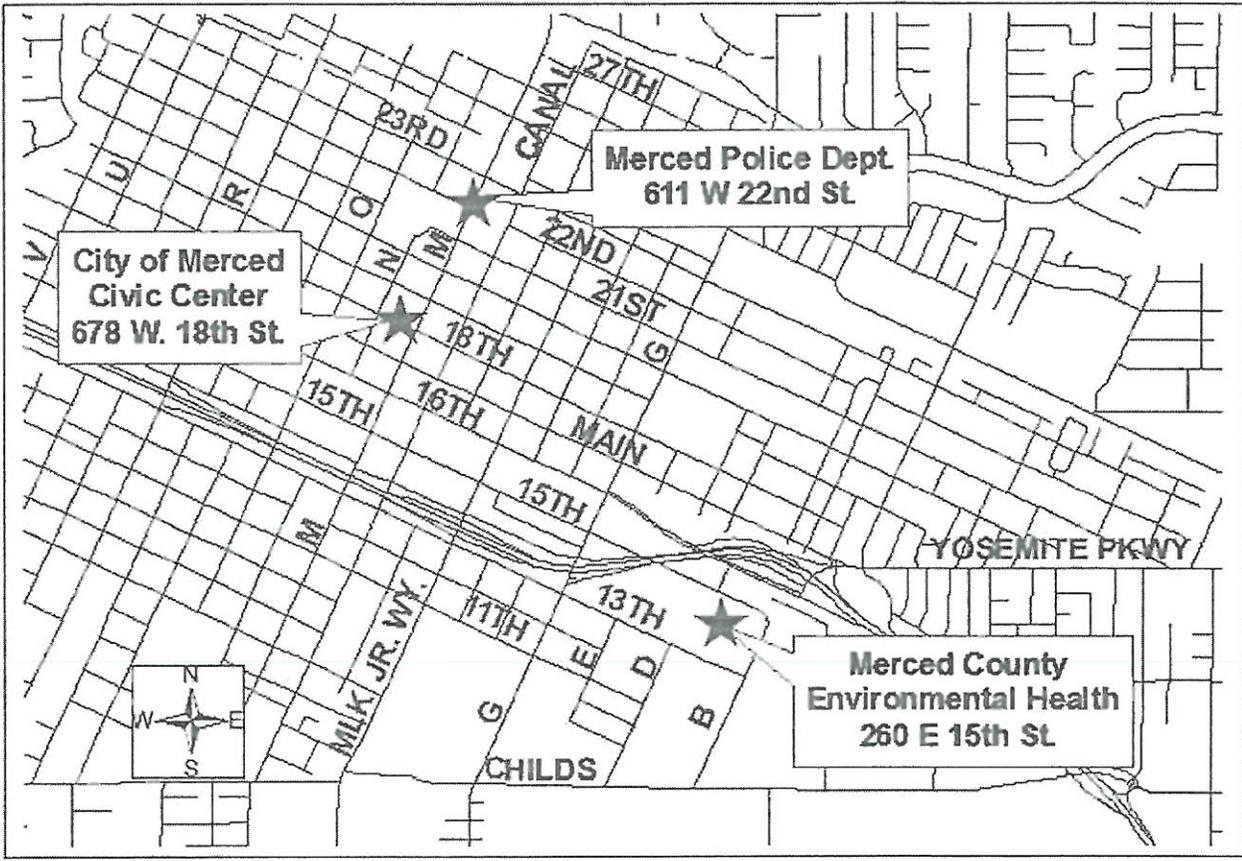
By: _____ Date: _____

Endorsement Required? YES NO

Merced County Public Health Department (massage only) 260 E. 15th Street. (209) 381-1023

By: _____ Date: _____

*** Under federal law 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 of Disability Access at www.cdda.ca.gov.



~~~WATER QUALITY CONTROL DIVISION~~~

1776 Grogan Avenue • Merced, CA 95341

Office: (209) 385-6204

**PLEASE COMPLETE EACH SECTION BELOW:**

Name of Business: American Guard Services, Inc. Name of Owner: Sheirf Assal / Sherine Assal  
 Address of Business: 1125 W 140th Street City/State/Zip: Los Angeles, CA Ph #: (424) 213-4026  
 Type of Business: Security Services SIC Code: CA 9029B ([www.osha.gov](http://www.osha.gov))

**IF YOU ARE A NEW FOOD SERVICE ESTABLISHMENT, YOU MUST CONTACT THE WATER QUALITY CONTROL DIVISION AT (209) 385-6204 FOR A GENERAL WASTE DISCHARGE PERMIT BEFORE OPENING DAY OF BUSINESS. (Merced Municipal Code 15.30.010)**

**Complete and answer each question below. If the question does not apply, write Not Applicable. Thank you.**

1. Will your business apply pesticides, herbicides or fertilizers? If yes, list the name of the products used and how often applied: NIA
  
2. Is your business a wreckage or storage yard containing vehicles or motorized equipment? YES  NO
  
3. Will your facility be involved with any product manufacturing? YES  NO   
 List Product(s) below:  
 \_\_\_\_\_  
 \_\_\_\_\_
  
4. Will your facility store materials outside? YES  NO
  
5. List chemicals and materials that will be stored outside: NIA
  
6. How will you cover outside chemical/material storage to prevent contribution of pollution from storm water runoff? NIA
  
7. Does your business provide car washing, detailing or cleaning of any kind? Please explain: NIA

|                    |                  |
|--------------------|------------------|
| Internal Use Only: |                  |
| Review Date:       | Inspection Date: |
| Follow Up:         | RWQCB Notified:  |
| Notes:             |                  |
|                    |                  |

