



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: 6/8/21

Please Check All That Apply: ☒ 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) American Custom Private Security, Inc.

Business Name (Include DBA, if applicable)

American Custom Private Security, 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 #:

446 E Vine Street

City:

Stockton

State:

Cal-Murray

Zip Code:

95202

Telephone:

(888) 217-8020

Mailing Address: Same as Business Address? ☒

Address:

Suite/Apt. No.:

City:

State:

Zip Code:

E-Mail Address:

Business Activity (Provide a detailed description of all proposed business activities):

Security Guard and Patrol Services

Licensed

Contractor?

☒ Y ☐ N

License #: PPO # 16495

Classification:

Expiration: 11/2021

Contractor's License Verified By (official use):

Check Cashing
Business?

Y

N

Permit #:

Business Start Date

In Merced:

07/01/2021

Number of

Employees/Professionals:

10

Number of Units:

Tax Identification Numbers:

Federal Tax ID #/SSN:

State Tax ID #/SSN:

State Sales Tax #:

☒ Corporation ☐ Partnership ☐ Sole Owner

☐ Non-profit

Non-profit #:

Owner's Information				
(If more than 2 owners please attach a separate sheet of paper)				
1) First Name: Rajesh	Middle Initial: Kumar	Last Name: Patti	Suffix (Jr./Sr./III):	
Home Address (No P.O. Boxes): [REDACTED]	Apt. #:	City: Stockton	State: CA	Zip Code: 95209
Home Telephone: ([REDACTED])	Date of Birth: [REDACTED]	Driver's License #: [REDACTED] (The Finance Dept. will make a copy of your license)		

2) First Name:	Middle Initial:	Last Name:	Suffix (Jr./Sr./III):	
Home Address (No P.O. Boxes)	Apt. #:	City:	State:	Zip Code:
Home Telephone: ()	Date of Birth:	Driver's License #: (The Finance Dept. will make a copy of your license)		

Corporate Information (If Applicable)				
Person/Agent for Service of Process (First and Last Name): Rajesh Patti		Telephone: (888) 217-8020		
Home Address (No P.O. Boxes): [REDACTED]	Apt. #:	City: Stockton	State: CA	Zip Code: 95208

Emergency Contact Information (Provide two names):	
Emergency Contact: Rajesh Patti	Telephone Number: ([REDACTED])
Emergency Contact: Ramenick Patti	Telephone Number: ([REDACTED])
<u>Select a billing method:</u> CPI Base Rate <input type="checkbox"/> Gross Receipts <input checked="" type="checkbox"/>	
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.

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 checked="" 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: _____ Date: _____.

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.ccda.ca.gov.

