

## BUSINESS LICENSE APPLICATION

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

Email: blinquiry@cityofmerced.org

City of Merced 678 W. 18<sup>th</sup> St. Merced, CA 95340

Application Date: Jaly 25th

Please Check All That Apply: New Application			
Business Name			
DBA (if applicable):			
**State licensed care facilities, must use the same name as listed on the state license.			
S Corporation □ Partnership □ Sole Owner □ LLC □ Non-profit Non-profit #:			
Business Activity (Provide a detailed description of all proposed business activities):			
Security service and patrol services			
Business Address and Telephone Information:			
Address (Home-based businesses must use the home address as the business address): Suite/Apt #:			
City: State: Zip Code: Telephone:			
Mailing Address: Same as Business Address?			
Address: Suite/Apt. No.:			
City: State: Zip Code: E-Mail Address:			
Location: Se Commercial ☐ Residential			
TAX Identification Numbers:  Federal Tax ID #/SSN: State Sales Tax #:			
Federal Tax ID #/SSN: State Tax ID #/SSN: State Sales Tax #:			
Contractor? N License #: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
Contractor's License Verified By (official use):			
Check Cashing Business?  Permit #:			
Business Start Date   Number of   Number of Units: 3			

		Owner'	s Information				
(If more th	nan 2 ow	ners pleas	se attach a sepa	rate shee	t of paper	)	
1) First Name:	Middle Initial:		Last Name:			Suffix (Jr./Sr./III):	
Home Address (No P.O. Bo	lome Address (No P.O. Boxes): Apt. #:		City:	y _	State:	Zip Code:	
Home Telephone:	Date of Birth:		Driver's License #: (The Finance Dept. will make a copy of your license			of your license )	
	,	,					
2) First Name:	Middle	e Initial:	Last Name:			Suffix (Jr./Sr./III):	
Home Address (No P.O. Bo	oxes)	Apt. #:	City:		State:	Zip Code:	
Home Telephone:	Date o	of Birth:	Driver's License #: (The Finance Dept. will make a co		nake a cor	by of your license)	
,	Como	roto Info	motion /If An	المامام الم			
			rmation (If Ap				
Person/Agent for Service of	of Proces	s (First ar	id Last Name):	Telepho ( )			
Home Address (No P.O. Bo	oxes):	Apt. #:	City:		State :	Zip Code:	
Emerg	ency C	ontact in	formation (Pr	ovide two	names):		
Emergency Contact: Telephone Number:			r:				
Emergency Contact: Telephone Number:			r:				
Select a billing method:	CPI Base	Rate □	Gross	Receipts			
I understand that this select			in effect for a m	inimum o	f one (1) y	ear.	
Falsification of this statem	ent is a ı	misdemea	nor. ( ) I	nitial			
	FC	R FINA	NCE USE C	NLY			
Date Billed:			Classification:				
Additional Fee \$			Gross receipts □ CPI Base Rate □				
License Fee \$			License Number Issued:				
Total Due			Initial:				

## 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.

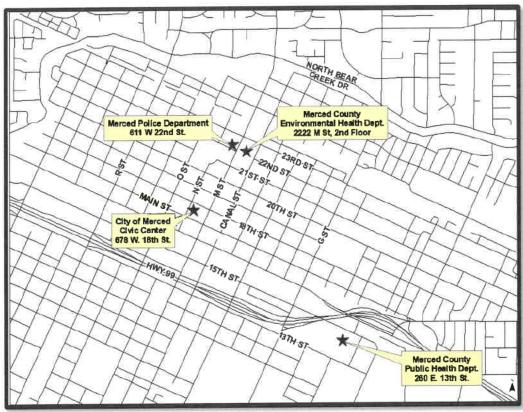
This business license does not grant authorization to occupy any space, building, premises or property that requires modifications or additional approvals or permits. Any modifications or change of occupancy category to the building or space may require building permits. All new uses occupying space 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 2222 M Street 2<sup>nd</sup> Floor.

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: Sucob TVOX	Bennvioles
Applicant's Signature:	Date: 7 25 25
Applicant's Title:	

Poli	ce Department	Review Assessment		19
Will your business involve	e any of the follo	wing? (answer all questions/circle	yes or r	10)
		ed a fire permit may be required)	Y	Ń
Storage of Explosives			Y	N
Tattoo Establishments			Y	N
Curb Painting			Y	Ņ
Taxicabs and Drivers (requ	ires City Council a	approval)	Υ	N
Limousine Service			Y	N
Card Room		If yes, how many tables?	Y	N
Pool/Billiard Rooms and Fa	mily Billiard Parlo	rs If yes, how many tables?	Υ	N
Bingo or other games open			Υ	N
Carnivals or Circuses			Υ	N
Fortune Teller			Υ	N
Child Care Centers		If yes, how many children?	_ Y	N
Dependent Adult Care Cen	ters		Y	N
Massage. State Certified? i		and expiration	Y	N
Door to door soliciting of go	ods or services		Υ	N
		(requires City Council approval)	Y	N
Street or Sidewalk Vendor			Y	N
Liquidation Sale			Υ	N
Itinerant Vendors			Υ	N
Motion Picture Filming			Y	N
Dancing Permits			Y	N
Nightclub			Y	N
Alcohol Sales	On-Sale □	Off-Sale □	Y	N
Adult Entertainment Busine	SS		Υ	N
Renting or Selling Adult-Ty	pe Videos and Bo	oks	Υ	N
Escort Service and/or Figur			Υ	N
Mobile Auto Repair			Υ	N
Tow Company and Drivers			Υ	N
Fire Extinguisher Refill Bus	iness		Υ	N
Alarm Companies			Υ	N
Lock and Key Businesses,	including mobile	services	Υ	N,
Private Patrol, Security Services and Guards (requires City Council approval)			N	
		ions, your license may be subject	to Polic	е



Health Department Review Assessment				
Is your business any of the following? (answer all questions/circle yes or no)				
<u>Food Facility</u> (Restaurant, Hotel/Motel continental breakfast only, bar, bakery, cafeteria, warehouse, commissary, satellite food distribution facility, bed and breakfast, cottage food operations, vending machines, mobile food facilities (including carts, trailers, trucks etc), food bank/pantry, health care facilities)	Υ	M		
Recreational Health (Public swimming pools, public spas/jacuzzies, wading pools, waterslides, water activity parks)	Υ	M		
Medical Waste Generating Facilities (Acute care hospitals, specialty clinics, dialysis clinics, skilled nursing facilities, primary care clinics, veterinary clinics or hospitals, medical/dental offices etc – tattooing, body piercing, permanent cosmetics, or ear piercing)	Y	h		
Hazardous Waste/Hazardous Materials Generating, Storage, Treatment, Disposal Facilities (Gas stations, underground storage tanks, chemical companies, laboratories, auto repair, manufacturing, warehouse, canning facilities, ag chemicals, welding, tire facilities, medical facilities, service stations, refrigeration, aboveground storage tanks – businesses storing hazardous materials above these thresholds 500 pounds of solids; 55 gallons of liquids; 200 cubic feet of gas at standard temperature and pressure (STP): handyman, custodial yard service, contractors, pool/spa cleaning have potential to generate or store hazardous materials/waste in the above thresholds)	Y	N		
If you answered "yes" to any of the questions, your license may be subject to Environmental Health Department Review.	)			

Is there a need for Supplemental Application Forms? Check all that apply.				
Business-Related Activity as	Responsible Department			
☐ Massage?	Massage Application	Finance Dept.		
☐ Street and Sidewalk Vendor?	Solicitors Permit	Finance Dept.		
☐ Curb Painting?	Curb-Painting Application	Finance Dept.		
☐ Motion Picture Filming?	Motion Picture Filming Application	Finance Dept.		
☐ Adult Entertainment?	Adult Entertainment Business Applications	Police Dept.		
☐ Weapon Sales?	Sale of Weapons Application	Police Dept.		
☐ Taxicab Service?	Taxicab Service Application	Police Dept.		
☐ Pool and Billiard Rooms?	Pool and Billiard Room Application	Police Dept.		
■ Private Patrol Service?	Private Patrol Application	Police Dept.		
☐ Second Hand Dealer/Pawn Shop?	Goods Resale Application	Police Dept.		
☐ Work from Home in City?	Home Occupation Certificate	Planning Dept.		
☐ Circus or Carnival?	Temporary Outdoor Use Application	Planning Dept.		
☐ Provide or Offer Carts for use by Customers?	Abandoned Cart Prevention Plan	Planning Dept.		

Endorsements from other Departments and Agencies				
Endorsement Required?	□YES □	□NO		
City of Merced Police Depart	artment. 611 \	W. 22 <sup>nd</sup> Street. (209) 385-6912		
Ву:		Date:		
Endorsement Required?		□NO		
City of Merced Planning De	epartment. 67	78 W 18 <sup>th</sup> Street. (209) 385-6858		
Zoning: Home O	ccupation Ce	ertificate No (if applicable).		
Ву:	Date:	Is a Land Use Entitlement Required Y / N		
Endorsement Required?	□YES □	□NO		
Merced County Environme	ntal Health D	Department 2222 M Street, 2 <sup>nd</sup> Floor. (209) 381-1100		
Ву:		Date:		
Endorsement Required?	□ YES □	□NO		
Merced County Public Hea	ılth Departme	ent (massage only) 260 E. 15 <sup>th</sup> Street. (209) 381-1023		
Ву:		Data		

<sup>\*\*\*</sup> 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 <a href="https://www.rehab.cahwnet.gov">www.rehab.cahwnet.gov</a>; The California Commission of Disability Access at <a href="https://www.ccda.ca.gov">www.ccda.ca.gov</a>.

## City of Merced Public Works WATER QUALITY CONTROL DIVISION

1776 Grogan Avenue • Merced, CA 95341 Office: (209) 385-6204



## PLEASE COMPLETE EACH SECTION BELOW:

Name of Busi	iness: Bask	ed knight po	tro
Name of Owi	ner: 11000 t	Her Rehavides	
Address of Bu	usiness: 3070 No	Street Suite 6	
City: Mes	ced	State: <u>CA</u>	zip: <u>95348</u>
Contact Phon		Contact E-mail	
Type of Busir	iess:	(www.osha.gov) WDID:	
If yes, ple Discharge 2. Will your	e Permit before opening	blishment? Quality Control Division at 209.385.6 day of business. (Merced Municipal n any product manufacturing?	YES NO
	storm water pollutio (BMPs) consistent wit BMPs are suggested s	ng any activity, or use of premises, n or contamination shall comply with the California Storm Water Quality teps to prevent stormwater pollutions is visit the brochure rack in the Finantrol Division.	vith Best Management Practices Association guidelines.  n. Brochures are available to help
INTERNAL USE	ONLY:		
Review Date: Notes:			