

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: ___03/03/2025

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					
Bus	siness Na	ı me (Include DB	A, if applica	able)	
	Trust F	Point Protection (Broup		
**State licensed care	facilities, mu	ist use the same n	ame as listed	on the sta	ite license.
Busines	ss Addres	ss and Teleph	one Infor	mation	
Address (Home-based businesses	s must use tl	ne <u>home</u> address a	s the busines	ss address	s): Suite/Apt #:
City: Merced		State: CA	Zip Code: 95341	I	elephone:
Mailing Address: Same as Business Address? □					
Address: P.O Box 3122				1	Suite/Apt. No.:
City: Merced State: Zip Code: E-Mail Address: CA 95344					
Business Activity (Provide a detailed description of all proposed business activities):					
Access control, patrolling assigned areas to ensure safety and protection for property					
and personnel, incident response, enforcing rules and regulations. deterring crime					
Licensed Contractor? Y	License	#:	Classifica	tion:	Expiration:
Contractor's License Verified By (official use):					
Check Cashing Business? Permit #:					
Business Start Date Number of Units In Merced: Employees/Professionals:			Number of Units:		
Tax Identification Numbers:					
Federal Tax ID #/SSN: State Tax ID #/SSN: 99-2338937 State Sales Tax #:				ales Tax #:	
☐ Corporation ☐ Partnership ☒ Sole Owner				ofit #:	

Owner's Information (If more than 2 owners please attach a separate sheet of paper)						
1) First Name: Michael	Middle Initial: Joseph		Last Name: Rodriguez		Suffix (Jr./Sr./III):	
Home Address (No P.O. Boxes): Apt. #:		City: State: CA		Zip Code: 95341		
Home Telephone:	Telephone: Date of Birth:		Driver's License #: (The Finance Dept. will make a copy of your license)			
2) First Name:	NA: al a	lla Initial.	Loof Nome:			0.55. (
2) First Name:	Middle Initial:		Last Name:		Suffix (Jr./Sr./III):	
Home Address (No P.O. Box	es)	Apt. #:	City:		State:	Zip Code:
Home Telephone:	ome Telephone: Date of Birth:		Driver's License #:			
()) (The Fina		(The Finance	Dept. will m	ake a cop	y of your license)
	The second second	STREET, STREET, STREET, SQUARE, SQUARE	mation (If Ap	THE R. LEWIS CO., LANSING, MICH.		
Person/Agent for Service of Process (First and Last Name): Telephone:						
Home Address (No P.O. Boxes): Apt. #: City: State Zip Code:					Zip Code:	
Emerger	су С	ontact Inf	ormation (Pro	ovide two r	names):	
Emergency Contact: Amber Silva Telephone Number:				r:		
Emergency Contact: Maria Camberos Telephone Number:			r:			
Select a billing method: CP	l Bas	e Rate 🗆	Gross	Receipts 2	Ś	
I understand that this selection shall remain in effect for a minimum of four (4) consecutive						
quarters. Falsification of this	state	ement is a m	nisdemeanor.	(MJR) In	itial	
FOR FINANCE USE ONLY						
Date Billed:			Classificat	ion:		10. 2000
Additional Fee \$	Gross receipts □ CPI Base Rate □					
License Fee \$	\$ License Number Issued:					
Total Due			Initial:			

NOTE: Application continues on the following pages

Police Department Review Assess	ment		
Will your business involve any of the following? (answer all q	uestions/circle yes	s or	no)
Firearms or Gunpowder (if gunpowder is used a fire permit may b	e required) (Y)	N
Storage of Explosives		Y	N
Tattoo Establishments		Υ	N
Curb Painting		Υ	(N)
Taxicabs and Drivers (requires City Council approval)		Υ	N
Limousine Service		Υ	N
Card Room If yes, how many to	ables?	Υ	N
Pool/Billiard Rooms and Family Billiard Parlors If yes, how many to	ables?	Υ	(N)
Bingo or other games open to the general public		Υ	(N)
Carnivals or Circuses		Υ	(N)
Fortune Teller		Υ	(N)
Child Care Centers If yes, how many	children?	Υ	N
Dependent Adult Care Centers		Υ	(N)
Massage. State Certified? include number and expirated date	tion	Υ	N
Door to door soliciting of goods or services		Υ	(N)
Pawn Shop/Secondhand Dealer/Junk Dealer (requires City Counc	il approval)	Υ	N
Street or Sidewalk Vendor		Υ	(N)
Liquidation Sale		Υ	N
Itinerant Vendors		Υ	(Z)
Motion Picture Filming		Υ	N
Dancing Permits		Y	N
Nightclub		Υ	N
Alcohol Sales On-Sale □ Off-Sa	ale 🗆	Y	(N)
Adult Entertainment Business		Y	(N)
Renting or Selling Adult-Type Videos and Books		Y	N
Escort Service and/or Figure Modeling		Y	(N)
Mobile Auto Repair		Y	N
Tow Company and Drivers		Y	N
Fire Extinguisher Refill Business		Y	N
Alarm Companies	,	Y	N
Lock and Key Businesses, including mobile services		Y	N
Private Patrol, Security Services and Guards (requires City Council	l approval)	0	N
If you answered "yes" to any of the questions, your license ma Department review.	ay be subject to Po	lice)

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	e: Michael J. Rodriguez		
Applicant's Signature:		Date:	03/03/2025
Applicant's Title:	CEO/Owner		

Is there a need for Supplen	nental Application Forms? Check all	that apply.			
Business-Related Activity a	and Supplemental Application Form	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?		Police Dept.			
☐ Work from Home in City?	Home Occupation Certificate	Planning Dept.			
☐ Circus or Carnival?	Temporary Outdoor Use Application	Planning Dept.			
Endorsements from	om other Departments and Agencies				
Endorsement Required? ☐ YES	□NO				
City of Merced Police Department. 611	1 W. 22 nd Street. (209) 385-6912				
By: Date:					
	□NO				
City of Merced Planning Department.					
Zoning: (if applicable).					
By: Date: Is a Land Use Entitlement Required Y / N					
		ed Y/N			
	□ NO				
Merced County Environmental Health Department 2222 M Street, 2 nd Floor. (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.