



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: 11-27-24

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) _____

Business Name (Include DBA, if applicable)

Cal Valley Security

****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 #:

P.O. Box 17048

City:

Fresno

State:

Ca

Zip Code:

93744

Telephone:

(559) 385-2505

Mailing Address:

Same as Business Address? ☐

Address:

P.O. Box 17048

Suite/Apt. No.:

City:

Fresno

State:

Ca

Zip Code:

93744

E-Mail Address:

vps0001@aol.com

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

security guard services

Licensed
Contractor?

☒ Y

☐ N

License #: 17963

Private Patrol Operator
Classification:

2-23-25

Expiration:

Contractor's License Verified By (official use):

Check Cashing
Business?

☐ Y

☒ N

Permit #:

Business Start Date

In Merced: 11-27-24

Number of

Employees/Professionals: 3

Number of Units:

0

Tax Identification Numbers:

Federal Tax ID #/SSN:

State Tax ID #/SSN:

State Sales Tax #:

N/A

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

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): Richard Rodriguez			Telephone: [REDACTED]	
Home Address (No P.O. Boxes):	Apt. #:	City:	State:	Zip Code:
[REDACTED]				

Emergency Contact Information (Provide two names):	
Emergency Contact: CJ Rodriguez	Telephone Number: [REDACTED]
Emergency Contact:	Telephone Number: ()
<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. (RR) 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	N
Storage of Explosives	Y	N
Tattoo Establishments	Y	N
Curb Painting	Y	N
Taxicabs and Drivers (requires City Council approval)	Y	N
Limousine Service	Y	N
Card Room If yes, how many tables? _____	Y	N
Pool/Billiard Rooms and Family Billiard Parlors If yes, how many tables? _____	Y	N
Bingo or other games open to the general public	Y	N
Carnivals or Circuses	Y	N
Fortune Teller	Y	N
Child Care Centers If yes, how many children? _____	Y	N
Dependent Adult Care Centers	Y	N
Massage. State Certified? include number _____ and expiration date _____	Y	N
Door to door soliciting of goods or services	Y	N
Pawn Shop/Secondhand Dealer/Junk Dealer (requires City Council approval)	Y	N
Street or Sidewalk Vendor	Y	N
Liquidation Sale	Y	N
Itinerant Vendors	Y	N
Motion Picture Filming	Y	N
Dancing Permits	Y	N
Nightclub	Y	N
Alcohol Sales On-Sale <input type="checkbox"/> Off-Sale <input type="checkbox"/>	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 approval)	Y	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: Richard Rodriguez	
Applicant's Signature: Richard Rodriguez	Date: 11-27-24
Applicant's Title: CEO	

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: [Signature] Date: 3-27-25

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 2222 M Street, 2nd Floor. (209) 381-1100

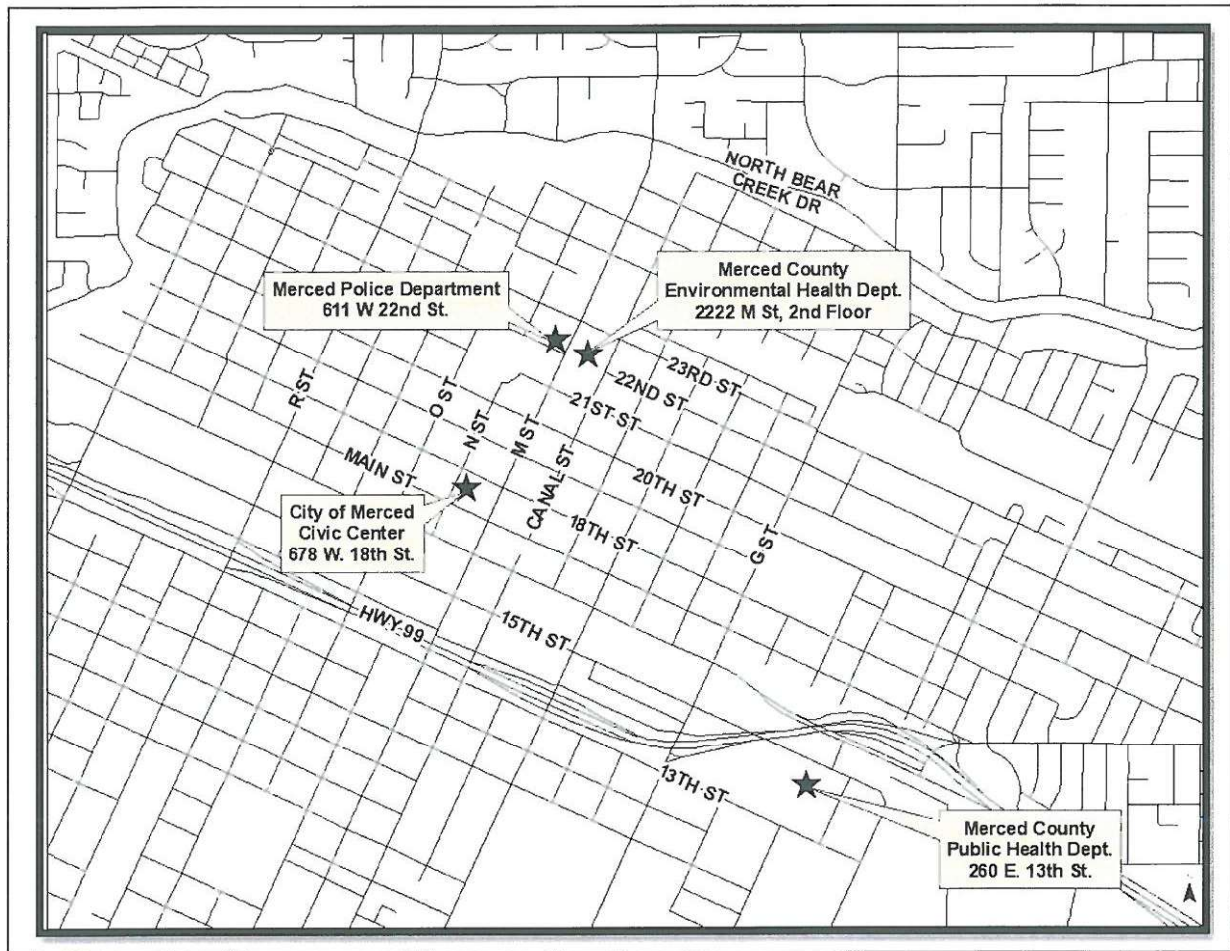
By: _____ Date: _____

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.



DISABILITY ACCESS REQUIREMENTS AND RESOURCES

NOTICE TO APPLICANTS FOR BUSINESS LICENSES AND COMMERCIAL BUILDING PERMITS:

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:

DEPARTMENT OF
GENERALSERVICES,
Division of the State
Architect, CASp Program

www.dgs.ca.gov/dsa

www.dgs.ca.gov/casp

DEPARTMENT OF
REHABILITATION
Disability Access Services

www.dor.ca.gov

www.rehab.cahwnet.gov/

[disabilityaccessinfo](#)

DEPARTMENT OF
GENERALSERVICES,
California Commission on
Disability Access

www.ccda.ca.gov

www.ccda.ca.gov/resources-menu/

CERTIFIED ACCESS SPECIALIST INSPECTION SERVICES

Compliance with state and federal construction-related accessibility standards ensures that public places are accessible and available to individuals with disabilities. Whether your business is moving into a newly constructed facility or you are planning an alteration to your current facility, by engaging the services of a Certified Access Specialist (CASp) early in this process you will benefit from the advantages of compliance and under the Construction-Related Accessibility Standards Compliance Act (CRASCA, Civil Code 55.51-55.545), also benefit from legal protections.

Although your new facility may have already been permitted and approved by the building department, it is important to obtain CASp inspection services after your move-in because unintended access barriers and violations can be created, for example, placing your furniture and equipment in areas required to be maintained clear of obstructions. For planned alterations, a CASp can provide plan review of your improvement plans and an access compliance evaluation of the public accommodation areas of your facility that may not be part of the alteration.

A CASp is a professional who has been certified by the State of California to have specialized knowledge regarding the applicability of accessibility standards. CASp inspection reports prepared according to CRASCA entitle business and facility owners to specific legal benefits, in the event that a construction-related accessibility claim is filed against them.

To find a CASp, visit www.apps2.dgs.ca.gov/DSA/casp/casp_certified_list.aspx.

DISABILITY ACCESS REQUIREMENTS AND RESOURCES

GOVERNMENT TAX CREDITS, TAX DEDUCTIONS AND FINANCING

State and federal programs to assist businesses with access compliance and access expenditures are available:

Disabled Access Credit for Eligible Small Businesses

FEDERAL TAX CREDIT—Internal Revenue Code Section 44 provides a federal tax credit for small businesses that incur expenditures for the purpose of providing access to persons with disabilities. For more information, refer to Internal Revenue Service (IRS) Form 8826: Disabled Access Credit at www.irs.gov.

STATE TAX CREDIT—Revenue and Taxation Code Sections 17053.42 and 23642 provide a state tax credit similar to the federal Disabled Access Credit, with exceptions. For more information, refer to Franchise Tax Board (FTB) Form 3548: Disabled Access Credit for Eligible Small Businesses at www.ftb.ca.gov.

Architectural and Transportation Barrier Removal Deduction

FEDERAL TAX DEDUCTION—Internal Revenue Code Section 190 allows businesses of all sizes to claim an annual deduction for qualified expenses incurred to remove physical, structural and transportation barriers for persons with disabilities. For more information, refer to IRS Publication 535: Business Expenses at www.irs.gov.

California Capital Access Financing Program

STATE FINANCE OPTION—The California Capital Access Program (CalCAP) Americans with Disabilities Act (CalCAP/ADA) financing program assists small businesses with financing the costs to alter or retrofit existing small business facilities to comply with the requirements of the federal ADA. Learn more at www.treasurer.ca.gov/cpcf/calcap/.

FEDERAL AND STATE LEGAL REQUIREMENTS ON ACCESSIBILITY FOR INDIVIDUALS WITH DISABILITIES

AMERICANS WITH DISABILITIES ACT OF 1990 (ADA)—The ADA is a federal civil rights law that prohibits discrimination against individuals with disabilities, and requires all public accommodations and commercial facilities to be accessible to individuals with disabilities. Learn more at www.ada.gov.

CALIFORNIA BUILDING CODE (CBC)—The CBC contains the construction-related accessibility provisions that are the standards for compliant construction. A facility's compliance is based on the version of the CBC in place at the time of construction or alteration. Learn more at www.bsc.ca.gov.

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 Business: Cal Valley Security
Name of Owner: Richard Rodriguez
Address of Business: P.O. Box 17048
City: Fresno State: Ca Zip: 93744
Contact Phone: (559) 222-3475 Contact E-mail: vps0001@aol.com
Type of Business: Security Guard Service
SIC Code: 1290 (www.osha.gov) WDID: N/A

1. Are you a **new** Food Service Establishment? YES ☐ NO ☒
If yes, please 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)
2. Will your facility be involved with any product manufacturing? YES ☐ NO ☒
If yes, list product(s) below:



Businesses undertaking any activity, or use of premises, that may cause or contribute to storm water pollution or contamination shall comply with Best Management Practices (BMPs) consistent with the California Storm Water Quality Association guidelines. BMPs are suggested steps to prevent stormwater pollution. Brochures are available to help get you started. Please visit the brochure rack in the Finance Department lobby or contact the Water Quality Control Division.

INTERNAL USE ONLY:

Review Date:

Notes:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/6/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER El Dorado Insurance Agency, Inc. El Dorado Sec Svcs Ins Agcy 3673 Westcenter Drive Houston TX 77042	CONTACT NAME: Susan Hansen PHONE (A/C, No, Ext): (713) 521-9251 E-MAIL ADDRESS: shansen@eldoradoinsurance.com FAX (A/C, No): (713) 521-0125
INSURED Cal Valley Security Inc P O Box 17048 Fresno CA 93744	INSURER(S) AFFORDING COVERAGE INSURER A: Champlain Specialty Insurance Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: CERTIFICATE (07/2024) REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Errors & Omissions GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CSPI-0004774-01	7/30/2024	7/30/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SPECIMEN ACORD 101 (2014/01) INS025 (201401)	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE R.L. Ring, Jr./SUSAN
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