



BUSINESS LICENSE APPLICATION

Finance Department

Phone: (209) 385-6843

Fax: (209) 388-7217

E-Mail: blinquiry@cityofmerced.org

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

Application Date: 2-7-2019

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)

Stonewall Private Security Services

****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 #:

City: Merced State: CA Zip Code: 95341 Telephone: [REDACTED]

Mailing Address: Same as Business Address? ☐

Address: [REDACTED] Suite/Apt. No.: _____

City: Merced State: CA Zip Code: 95341 E-Mail Address: [REDACTED]

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

Provide Private Security Services for
Private and Public events.

Licensed Contractor? ☐ Y ☐ N License #: _____ Classification: _____ Expiration: _____

Contractor's License Verified By (official use): _____

Check Cashing Business? ☐ Y ☐ N Permit #: _____

Business Start Date In Merced: 2-7-19 Number of Employees/Professionals: _____ Number of Units: _____

Tax Identification Numbers:

Federal Tax ID #/SSN: [REDACTED] 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: <i>Juan</i>	Middle Initial: <i>M</i>	Last Name: <i>Ameador-Sanchez</i>	Suffix (Jr./Sr./III):	
Home Address (No P.O. Boxes): [REDACTED]	Apt. #:	City: <i>Merced</i>	State: <i>CA</i>	Zip Code: <i>95341</i>
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. #:		Zip Code:
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):			Telephone: ()	
Home Address (No P.O. Boxes):		Apt. #:		Zip Code:
City:		State:		Zip Code:
Emergency Contact Information (Provide two names):				
Emergency Contact: <i>Maritza Ameador</i>			Telephone Number: (209) [REDACTED]	
Emergency Contact: <i>Joe Ameador</i>			Telephone: (209) [REDACTED]	
Select a billing method: CPI Base Rate <input type="checkbox"/> Gross Receipts <input 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	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: <i>Juan Amador</i>	
Applicant's Signature: <i>[Signature]</i>	Date: <i>2-7-19</i>
Applicant's Title: <i>Owner / CEO</i>	

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 checked="" 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.

For Office Use Only: 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: R-1-V. Home Occupation Certificate No. 19-002 (if applicable).

By: SCA Date: 2-7-19. Is a Land Use Entitlement Required Y / N

Endorsement Required? ☐ YES ☒ NO

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

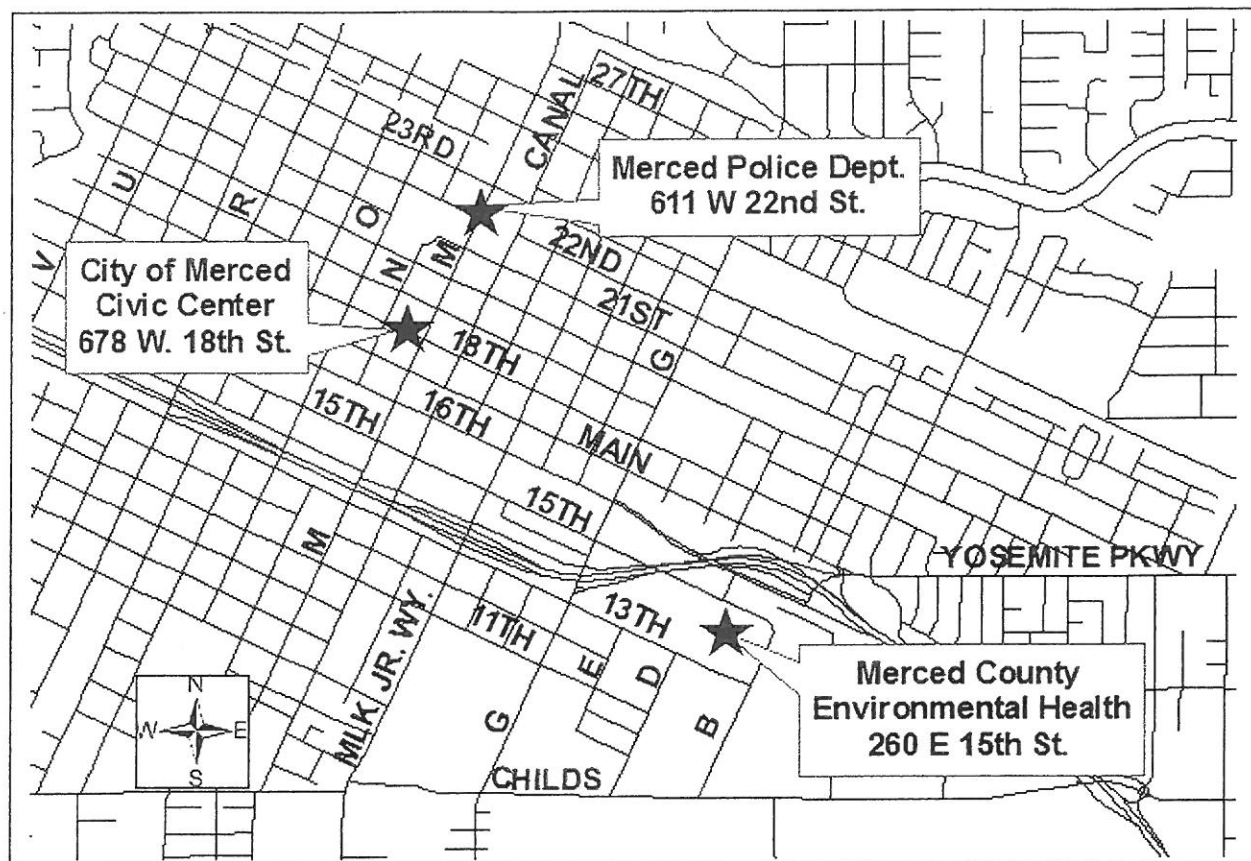
By: _____ Date: _____

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: Stonewall Private Security Services Name of Owner: Juan Amador-Sanchez  
 Address of Business: 370 Serano St. City/State/Zip: Merced Ca. 95341 Phone: 209-261-4890  
 Type of Business: Security Services SIC Code: \_\_\_\_\_ ([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: not applicable
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: not applicable
6. How will you cover outside chemical/material storage to prevent contribution of pollution from storm water runoff? not applicable
7. Does your business provide car washing, detailing or cleaning of any kind? Please explain: not applicable

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



## 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](http://www.dgs.ca.gov/dsa)

[www.dgs.ca.gov/casp](http://www.dgs.ca.gov/casp)

DEPARTMENT OF  
REHABILITATION  
Disability Access Services

[www.dor.ca.gov](http://www.dor.ca.gov)

[www.rehab.cahwnet.gov/](http://www.rehab.cahwnet.gov/)

[disabilityaccessinfo](http://disabilityaccessinfo)

DEPARTMENT OF  
GENERALSERVICES,  
California Commission on  
Disability Access

[www.ccda.ca.gov](http://www.ccda.ca.gov)

[www.ccda.ca.gov/resources-menu/](http://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](http://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](http://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](http://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](http://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/cpcfa/calcap/](http://www.treasurer.ca.gov/cpcfa/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](http://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](http://www.bsc.ca.gov).

CITY OF MERCED  
Planning Department

MINOR HOME OCCUPATION CERTIFICATE

(See Current Fee Schedule for Fee)

I, Juan Amador-Sanchez have read and understand Section 20.48.040, Home  
(please print name)

Occupations Standards, of the Merced City Zoning Ordinance, as reproduced on the reverse side of this form.

I propose to establish a home occupation in my home at the following address:

370 Serano Street, Merced, California.

Said home occupation will consist of the following activities (please give a detailed description of all activities taking place at the home):

Create work schedules.

Number of Employees: 1

Are there any employees who do **NOT** reside in the home?  
(If yes, you will need to apply for a Major Home Occupation.)

☐ Yes ☒ No

Will clients/customers visit the home?

☐ Yes ☒ No

Number of clients/customers visiting home weekly? Not applicable  
(More than 2 per week means you'll need to apply for a Major Home Occupation Certificate.)

Hours of client/customer visits? Not applicable (Limited to 8:00 a.m. to 8:00 p.m.)

I hereby state that my home occupation will conform to all provisions set forth in said Section 20.48.040 of the Merced City Zoning Ordinance and with the information stated above.

Date: 2-7-19

[Signature]  
(Signature of Applicant)

*This section for Planning Department Use Only*

CERTIFICATE NO: 19-022

ZONING DISTRICT: R-1-4

RECEIVED BY PLANNING DEPARTMENT: Feb. 7, 2019

BY: [Signature]

## EXCERPT FROM MERCED CITY ZONING ORDINANCE

### 20.48.040 Home Occupation Standards.

All home occupations shall comply with the following standards:

1. **Size.** Home occupations shall not occupy more than 25 percent of the floor area of the dwelling unit or 400 square feet, whichever is less.
2. **Sales and Displays.** Products shall not be sold directly to customers within a home occupation. Home occupations may not establish window display of products to attract customers.
3. **Advertising.** No newspaper, radio, or television service shall be used to advertise the location of business; however, contact information, including phone numbers and e-mail address (but not the location address), shall be allowed on such advertisements.
4. **Signs.** One single-non-illuminated, wall-mounted outdoor sign of not more than 1 square foot in area is permitted.
5. **Vehicle Traffic.** A home occupation shall not generate vehicle traffic greater than normally associated with a residential use. No more than 2 vehicles associated with the business shall be parked in the immediate neighborhood.
6. **Deliveries.** Deliveries and pick-ups for home occupations shall not interfere with vehicle circulation, and shall occur only between 8:00 a.m. and 8:00 p.m., Monday through Saturday.
7. **Mechanical Equipment.** No mechanical equipment shall be permitted that is not normally associated with a residential use.
8. **Performance Standards.** Home occupations shall not generate dust, odors, noise, vibration, or electrical interference or fluctuation that is perceptible beyond the property line.
9. **Hazardous Materials and Auto Repair Prohibited.** The storage of flammable, combustible, or explosive materials is prohibited as is auto repair in either minor or major home occupations.

### 20.48.050 Suspension of Permit

The Director of Development Services may suspend the approval of a home occupation if any of the following applies:

- A. The home occupation has become:
  1. Detrimental to public health, safety, welfare, or character of a neighborhood.
  2. In violation of any city, county and/or state code, ordinance, rule or regulation.
  3. A hazard or nuisance to pedestrian, vehicular circulation or parking, or the community in general.
  4. A different form than which the permit was issued.
- B. The home occupation does not commence within one year of approval; or,
- C. The home occupation ceases for a period greater than one year.