



BUSINESS LICENSE APPLICATION
CONTRACTORS BASED OUTSIDE CITY OF MERCED

TEL # (209) 385-6843

FAX # (209) 388-7217

Email: blinquiry@cityofmerced.org

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

Business Start Date in Merced 3.25.21

Please Check All That Apply: ☒ New Application ☐ Change of Owner

☐ Change of Business Name ☐ Add/Delete Partner

☐ Change of Address – Previous Address: _____

☐ Temporary Business: From: _____ To: _____

Business Name (Include DBA, if applicable)

SHIELD PRIVATE SECURITY

Business Address and Telephone Information:

Address: <u>310 SUN WEST PL #B</u>		Suite/Apt #: <u>B</u>	
City: <u>MANTENCA</u>	State: <u>CA</u>	Zip Code: <u>95337</u>	Telephone: <u>(209) 825 2211</u>

Mailing Address: Same as Business Address? ☐

Address: [REDACTED]		Suite/Apt. No.: _____	
City: <u>MANTENCA</u>	State: <u>CA</u>	Zip Code: <u>95337</u>	E-Mail Address: <u>ADMIN@SHIELDPRIVATESECURITY.COM</u>

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

PRIVATE SECURITY

Contractor's License #: <u>120168</u>	Classification: <u>PPO</u>	Expiration: <u>10/31/22</u>
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Contractor's License Verified By (official use): _____

Tax Identification Numbers:

Federal Tax ID #/SSN: [REDACTED]	State Tax ID #/SSN: [REDACTED]	State Sales Tax #: <u>N/A</u>
<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Owner		

Please read the information below before signing on the following page:

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.

Owner's Information

(If more than 2 owners please attach a separate sheet of paper)

1) First Name: <u>NEIL</u>	Middle Initial: <u>B</u>	Last Name: <u>MARTIN</u>	Suffix (Jr./Sr./III):
Home Address (No P.O. Boxes): [REDACTED]	Apt. #:	City: <u>TRACY</u>	State: <u>CA</u> Zip Code: <u>95377</u>
Home Telephone: [REDACTED]	Date of Birth: <u>7/27/72</u>	Driver's License #: [REDACTED] (The Finance Dept. will make a copy of your license)	
2) First Name: <u>N/A</u>	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): <u>NEIL MARTIN</u>	Telephone: [REDACTED]
Home Address (No P.O. Boxes): [REDACTED]	Apt. #: City: <u>TRACY</u> State: <u>CA</u> Zip Code: <u>95377</u>

Emergency Contact Information (Provide two names):

Emergency Contact: <u>MICHELLE GILLEN</u>	Telephone Number: [REDACTED]
Emergency Contact: <u>JUSTIN MARTINEZ</u>	Telephone Number: [REDACTED]

I declare under penalty of perjury that the above information is true and correct to the best of my knowledge. 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 Code and California Building Code. I also certify that I am aware that a physical inspection may be performed of my business and I am required to correct any violations found during this inspection. I further understand that any false statements made herein are grounds for denial or revocation of my business license.

Signature: <u>[Signature]</u>	Date: <u>3-25-21</u>
Title: <u>President</u>	
Select a billing method: 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 one (1) year. Falsification of this statement is a misdemeanor. <u>(X)</u> Initial	
Approved by: _____	Date: _____

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:

*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.ca.gov/net.gov; The California Commission of Disability Access at www.cdda.ca.gov.

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.


Read the following information before signing below

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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:	NEIL MARTIN	
Applicant's Signature:		Date: 3/25/21
Applicant's Title:	PRESIDENT	

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.

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: _____. 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.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: SHIELD PRIVATE SECURITY Name of Owner: DELL MARTIN  
 Address of Business: 310 SUN WEST PL City/State/Zip: MANTENCA 95333 Ph #: 209 8252711  
 Type of Business: PPG SIC Code: \_\_\_\_\_ (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: N/A
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: N/A
6. How will you cover outside chemical/material storage to prevent contribution of pollution from storm water runoff? N/A
7. Does your business provide car washing, detailing or cleaning of any kind? Please explain: N/A

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

