



City of Madera
Business License Department
OUT OF TOWN BUSINESSES ONLY
205 W 4th St
Madera, CA 93637
(559) 661-5408

Dear Applicant:

Enclosed is the application you requested for a City of Madera business license. There is a \$50.00 non-refundable application fee due upon receipt of the completed application. Return the completed application along with the \$50.00 processing fee to our office located at the address listed above.

Filing the application and paying the application fee does not automatically provide you with a business license. Other city departments will review your application. Special conditions may apply to the type of business or business location you have selected. This will be determined during the review process.

You will be required to pay a Business License Tax that is billed annually from July 1st through June 30th. This tax is based on either a flat rate for certain types of businesses or on your annual gross receipts from business done in the city, which you estimate at the time you submit the application. If your license is based on gross receipts, you will be sent a Gross Receipts Reporting Form at the beginning of each new year. After the form is filled out and returned to us, your Business License Tax will be adjusted for the following year.

After the review process has been completed, the Business License Department will notify you of either final approval or you will be notified by the other departments of conditions that you may be required to complete prior to the issuance of a business license. The approval process can take up to three (3) weeks.

A Business License is permanent unless terminated or revoked. If you are no longer doing business or providing a service in the City of Madera you must terminate your account in writing. If not, you will continue to be billed and be responsible for the amount that is due.

If you have questions or concerns regarding the application process, feel free to contact the office at the number listed above.

Sincerely,

Business License Office



CITY OF MADERA
BUSINESS LICENSE APPLICATION
Out of Town Businesses Only

APPLICATION FEE \$50.00

Business License Acct # _____

☐ **NEW APPLICATION**

IF CHANGE IN OWNERSHIP, PREVIOUS BUSINESS NAME: _____

BUSINESS NAME: _____

Address: _____ Suite / Apt # _____

City: _____ State: _____ Zip: _____ Bus Ph# (_____) _____

MAILING ADDRESS (if different from the business location)

Address: _____ Suite / Apt # _____

City: _____ State: _____ Zip: _____

DESCRIPTION OF BUSINESS/USE: _____

TAX INFORMATION:

☐ SOLE PROPRIETOR ☐ PARTNERSHIP ☐ CORPORATION ☐ LLC ☐ NON PROFIT/EXEMPT

Fed Tax Id # _____ State Tax Id # _____ Corporate Ph # (_____) _____

State Board of Equalization # (Resale Permit) _____

YOUR ESTIMATED GROSS RECEIPTS FOR 1 MONTH (State Lic Contractors, see below) \$ _____

State Licensed Contractor Contractor's License # _____

- If this is a 1 time job what is the value? \$ _____ Address/Location _____

OR

- No specific job **YOUR ESTIMATED GROSS RECEIPTS FOR 1 MONTH \$** _____

BUSINESS OWNER INFORMATION - Sole Proprietor / Partnership

First Name _____ Last Name _____

Home Address _____ Apt # _____ City _____ St _____ Zip _____

Phone# (_____) _____ Social Security # _____ Driver's License # _____

First Name _____ Last Name _____

Home Address _____ Apt # _____ City _____ St _____ Zip _____

Phone# (_____) _____ Social Security # _____ Driver's License # _____

OFFICE USE ONLY

Total Yearly Gross Receipts \$ _____

ID card fee \$ _____

Mill / Flat Fee per year \$ _____

Background Check fee \$ _____

Prorated at _____ % = Total Tax Fee Due: \$ _____

Remarks / Restrictions _____ **TOTAL DUE: \$** _____

Continued on next page...

ALL BUSINESSES PAY A TAX FEE. ONCE YOUR APPLICATION IS RECEIVED AN PROCESSED YOU WILL BE BILLED FOR THE BUSINESS TAX DUE.

THE FOLLOWING TYPES OF BUSINESS REQUIRE A BACKGROUND CHECK/FINGERPRINTING TO BE COMPLETED AT THE CITY OF MADERA POLICE DEPARTMENT.

- Massage/Physical Therapist/
- Pawn/Second Hand Dealer Licenses
- Itinerant Peddler/Mobile Vendor
- Security Guard

ALL APPLICABLE REGULATORY FEES MUST BE PAID IN ADVANCE WITH YOUR APPLICATION FEE

THE PROCESSING OF YOUR APPLICATION IS APPROXIMATELY THREE WEEKS, ALL APPLICABLE DEPARTMENTS MUST REVIEW AND APPROVE YOUR APPLICATION BEFORE YOUR BUSINESS LICENSE IS ISSUED. CERTAIN REGULATORY REQUIREMENTS MAY PROLONG YOUR APPROVAL TIME

A CITY OF MADERA BUSINESS LICENSE IS RENEWED AUTOMATICALLY AT THE COMMENCEMENT OF OUR FISCAL YEAR IN JULY. IF YOU ARE NO LONGER DOING BUSINESS IN THE CITY OF MADERA AND DO NOT WISH TO RENEW PLEASE PROVIDE A WRITTEN REQUEST TO CANCEL OR CALL TO REQUEST A CANCELLATION FORM AND MAIL YOUR REQUEST TO THE ADDRESS BELOW.

THIS IS AN APPLICATION ONLY, DOING BUSINESS WITHOUT YOUR FINAL BUSINESS LICENSE APPROVAL IS A MISDEMEANOR AND PUNISHABLE BY LAW. 'SEC. 6-1.03 MMC'

"I DECLARE UNDER PENALTY OF PERJURY THAT THIS IS A TRUE, CORRECT AND COMPLETE APPLICATION."

Owner Print Name: _____
(If Corporation, Contact Person)

Title: _____

Signature: _____

Date: _____

Owner Print Name: _____
(2nd Owner if Partnership)

Signature: _____

Date: _____

**CITY OF MADERA
BUSINESS LICENSE DEPARTMENT
205 W 4THST
MADERA, CA 93637
(559) 661-5408**

BL# _____

WORKER'S COMPENSATION DECLARATION

I hereby affirm, under penalty of perjury, one of the following declarations:

☐

I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided by Section 3700, for the duration of any business activities conducted for which this license is issued.

☐

I have and will maintain workers' compensation insurance, as required by Section 3700, for the duration of any business activities conducted for which this license is issued.

My worker's compensation insurance carrier and policy number are:

Carrier _____

Policy Number _____

☐

I certify that in the performance of any business activities for which this license is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with the provisions of Section 3700.

Name: _____ Date: _____

Address: _____

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO \$100,000, IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEES.