

**CITY OF MADERA**  
**Business License Application**  
**CITY BASED COMMERCIAL BUSINESSES**  
**CITY BASED RESIDENTIAL BUSINESSES**  
205 W 4th St  
Madera, CA 93637

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 1<sup>st</sup> through June 30<sup>th</sup>. 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.

***If your business is in a commercial setting, please inquire with the Planning Department at 559-661-5430 for existing zoning requirements and/or with property owner for any structural issues with the building. You may contact the City's Building Department regarding tenant improvements or building permits at 559-661-5440.***

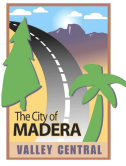
***If this is a home based business and your home is located within the City limits you are required to apply for a Home Occupation Permit at the Planning Department, their phone number is 559-661-5430.***

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 is approximately 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.***

Sincerely,

Business License Office



**CITY OF MADERA**  
BUSINESS LICENSE APPLICATION  
**Local Commercial / Home based only**

APPLICATION FEE: \$50.00

EFFECTIVE DATE \_\_\_\_\_

Business License Acct # \_\_\_\_\_

☐ **NEW APPLICATION**

IF CHANGE IN OWNERSHIP, PREVIOUS OWNER'S BUSINESS NAME: \_\_\_\_\_

**UPDATE**

☐ CHANGE OF BUSINESS LOCATION (PREVIOUS ADDRESS): \_\_\_\_\_

ADD OR DELETE A PARTNER – OR NAME CHANGE \_\_\_\_\_  
(Please Circle) (Previous Business Name) (Owner's Name)

**BUSINESS NAME:** \_\_\_\_\_

Address: \_\_\_\_\_ Suite / Apt # \_\_\_\_\_

City: Madera State: Ca Zip: 9363\_\_\_\_ 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** \$ \_\_\_\_\_

**OFFICE USE ONLY**

☐ Fire Check List ☐ Signing Packet

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:** \$ \_\_\_\_\_

---

---

**BUSINESS OWNER'S 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# \_\_\_\_\_

---

---

**Please answer all questions:**

Is the building space new construction? **Yes No**

Will you be making any tenant improvements or changes to the building? **Yes No**

Are you properly zoned for your type of business? **Yes No**

Will your business involve the sale of sexual orientated material? **Yes No**

Is your business address the same as your home address? **Yes No**

If yes, have you applied for your Home Occupation Permit? **Yes No** If yes, please provide approval letter or receipt that you have paid for this permit.

Does your business involve the use or storage of any hazardous material such chemicals, paint or combustable material? **Yes No**

Will you be placing any type of signs on or next to your business? **Yes No**

Alcohol Sales? **Yes No**

Private Security/Guard Co? **Yes No**

Are you providing any type of Massage or Physical Therapy services? **Yes No**

Will you be selling door to door? **Yes No**

Will you be offering/selling any type of food/drink? **Yes No**

Are you selling anything at retail? **Yes No**

Are you a mobile car washing business? **Yes No**

Are you renting space at a salon? **Yes No**

Are you sharing office space with another business? Do not include beauty salons establishments.

**Yes No** If yes, what is the business name? \_\_\_\_\_

---

---

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

THE FOLLOWING TYPES OF BUSINESSES REQUIRE A BACKGROUND CHECK/FINGERPRINTING TO BE COMPLETED AT THE CITY OF MADERA POLICE DEPARTMENT AND MAY REQUIRE THE SUBMISSION OF ADDITIONAL INFORMATION OR DOCUMENTATION. THESE REGULATORY FEES ARE TO BE PAID WHEN YOU FIRST APPLY.

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

**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:** \_\_\_\_\_  
(2<sup>nd</sup> Owner if Partnership)

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**CITY OF MADERA  
BUSINESS LICENSE DEPARTMENT  
205 W 4TH ST  
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.**

POLICE DEPARTMENT  
330 S C St  
MADERA, CA 93638  
(559)675-4274

BL# \_\_\_\_\_

**ATTENTION ALL BUSINESS LICENSE APPLICANTS:  
(CITY COMMERCIAL LOCATION ONLY!!)**

The following information **must** be completed and returned to the Madera Finance Department, prior to your business license being issued.

Please understand that the information requested is for use by the Police Department to notify a responsible party, in the event that emergency situations should occur at your business. If this information should change at anytime during the year you are requested to notify the Madera Police Department at (559)675-4274 of those changes.

\*\*\*\*\*

**Full Name of Business:** \_\_\_\_\_  
**Business Address:** \_\_\_\_\_  
**Business Phone(s):** \_\_\_\_\_  
**Owner/Manager:** \_\_\_\_\_

\*\*\*\*\*

Please list below the names, home addresses, and home phone numbers of four (4) or more persons who can be contacted in the event of an emergency at your business. These persons **must** have keys and know alarm codes to access your business. List these people in the order that you wish them to be contacted. The City of Madera Alarm Ordinance requires that responsible persons must live within a **thirty (30) minute** response area and must respond within **30 minutes** if your alarm activates. **Do not list any persons who do not have keys to the business nor who do not live within a 30-minute response area.** You must provide home phone numbers, as most times the person will need to be contacted at home. Business phone numbers may also be provided.

	<u>Name</u>	<u>Address</u>	<u>City</u>	<u>Phone #</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Many times, the Police Department has had to contact the alarm company for a business. Please assist us by supplying the name, mailing address, and phone number of your alarm company. Also, provide the information on the **type** of alarm you have:

**Alarm Company Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City/Zip Code:** \_\_\_\_\_

Type of Alarm: Burglar \_\_\_\_ Robbery \_\_\_\_ Disturbance \_\_\_\_ Silent \_\_\_\_ Audible \_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**CITY OF MADERA  
205 W 4<sup>th</sup> St  
MADERA, CA 93637  
(559) 661-5408**

**BL#** \_\_\_\_\_

**NEW BUSINESS LICENSE  
FOR MADERA CITY LIMITS ONLY!!!**

The City of Madera has been designated an Enterprise Zone by the State of California's Trade and Commerce Agency. This designation permits City businesses located in the Zone Program Area to claim state tax credits and deductions on their Franchise Tax Board income taxes.

Record keeping for the program requires tallying the number of new businesses locating in our City. Recording new businesses does not include relocations, additional facilities or branch offices. The number of new jobs created by new business is also required. Please fill in the spaces below.

We appreciate your help in meeting our statistical requirements. For additional information on the Madera Enterprise Zone Program benefits, call Lois Gron.  
at (559) 675-7768.

---

• **Date:**

---

• **Name of Business:**

---

• **Address:**

---

• **Telephone:**

---

• **Contact Person:**

---

\_\_\_\_\_ **New Business in Madera**

---

\_\_\_\_\_ **Number of jobs created at this site**