

## COMMUNITY AND ECONOMIC DEVELOPMENT DEPARTMENT

2222 M St. Merced, CA 95340

| New Application |  |
|-----------------|--|
| Change of Owner |  |
| C1 C 2 1 1      |  |

Please Check One

| COUNTY  BUSINESS LICENSE APPLICA   | ☐ Change of Business Name☐ Home-based Business*   |  |  |
|--|---|--|--|
| THE UNDERSIGNED HEREBY REQUESTS A LICENSE TO CONDUCT BUSINESS IN THE COUNTY OF MERCED (PLEASE PRINT OR TYPE) |   |  |  |
| *  | FOR OFFICE USE ONLY   |  |  |
| Business Name  |   |  |  |
|  | Business License No.  |  |  |
| Corporate Name/Email Address   | SIC/NAIC CODE   |  |  |
| (if applicable)  |   |  |  |
| Business Location  | Bus. Start Date   |  |  |
| (Cannot be P.O. Box per State of California Business & Professions Code-                                     | -Section 17538.5) Resale No.  |  |  |
|  | Federal ID No.  |  |  |
| Merced County Assessor's Parcel No. (APN)  |   |  |  |
|  | State ID No.  |  |  |
| Mailing Address State Lic. No  |   |  |  |
|  | <u>.</u>  |  |  |
|  | State Lic. Type   |  |  |
| Phone No Fax No  | *NOTE: ALL BUSINESSES IN THE UNINCORPORATED AREAS   |  |  |
| rione No rax No  | OF MERCED COUNTY MUST CONTACT THE PLANNING DEPARTMENT<br>209.385.7654 PRIOR TO THE ISSUANCE OF A BUSINESS |  |  |
| Description of Business  | LICENSE   |  |  |
| Ownership:   Corporation  Corp-Ltd Liability  Partnersh  | ain   |  |  |
| Enter below names of Owners, Partners, or Corporate Officers (Att  | -   |  |  |
| meet below manes of owners, retiners, or corporate different (new  | ,   |  |  |
|  | /   |  |  |
| 1st Owner Name   | Title   |  |  |
|  |   |  |  |
|  |   |  |  |
| Home Address (Cannot be P.O. Box)  |   |  |  |
|  |   |  |  |
| Home Phone No. Cell / Pager No.  | /<br>Email Address  |  |  |
|  | India india   |  |  |
|  |   |  |  |
|  |   |  |  |
|  | /   |  |  |
| 1st Owner Name   | Title   |  |  |
|  |   |  |  |
| The Address (Court he D.O. Day)  |   |  |  |
| Home Address (Cannot be P.O. Box)  |   |  |  |
|  | /   |  |  |
| Home Phone No. Cell / Pager No.  | Email Address   |  |  |
|  |   |  |  |
| In case of emergency, please contact (attach addition  | nal sheet, if necessary)  |  |  |
|  | /   |  |  |
| Contact Name   | Phone No.   |  |  |
| Alarm Company, if applicable (attach additional s  | shoot if nogoggary)   |  |  |
| ATAIM COMPANY, II applicable (accaen additional s  | sheet, if hecessary)  |  |  |
|  | /   |  |  |
| Company Name   | Phone No.   |  |  |
|  |   |  |  |
| How Many Employees?  Traclude Company(a)  "Under federal and state law (CA Govt. Code, Ch. 7.5,              | sec. 4469).   |  |  |
| Include Owner(s) compliance with disability access laws is a serious and                                     | significant   |  |  |
| BUSINESS LICENSE FEE: responsibility that applies to all California building own                             | ners and  |  |  |
| One Owner, home-based business: \$ 56.00 tenants with buildings open to the public. You may ob               |   |  |  |
| Business of 1 to 10 employees: \$ 66.00 disability access laws at the following agencies:                    | omply with  |  |  |
| Business of 11 to 25 employees: \$ 76.00 The Division of the State Architect: www.dgs.ca.gov/d               | sa/Home.aspx Total Due  |  |  |
| Business of 51 to 100 employees: \$ 91.00 The Department of Rehabilitation: www.rehab.cahwn                  | et.gov_   |  |  |
| Business of 100 plus employees: \$176.00  The California Commission on Disability Access: www.               | Ccda.ca.gov □ Cash □ Check No   |  |  |

TEMPORARY BUSINESS LICENSES:

Temporary business license (thirty (30) days or less):

 $\ensuremath{\mathtt{NOTE}}\xspace$  . Other county departments may require additional charges.

MAKE CHECK PAYABLE TO COUNTY OF MERCED

ACCEPTANCE OF PAYMENT DOES NOT CONSTITUTE APPROVAL OF BUSINESS LICENSE - AUTHORIZATION TO CONDUCT BUSINESS IS NOT GRANTED UNTIL ISSUANCE OF LICENSE.

\$ 20.00

AFFIDAVIT: I HEREBY DECLARE UNDER PENALTY OF PERJURY, THAT THE INFORMATION IS TRUE AND CORRECT.

Date Signature of Owner or Representative