



Business License ID# _____

CITY OF MENDOTA

BUSINESS LICENSE APPLICATION

This form must be completed by all businesses operating in the City of Mendota. All information will be kept confidential.

BUSINESS LICENSE FEE WILL BE DUE UPON SUBMITTAL OF APPLICATION.

Please allow five business days for processing.

Business Name: _____

Business Owner: _____

Business Address: _____

(List address where each individual consents to receive service of process per AB2184 Sec. 16000.1(a)(2))

City: _____ State: _____ Zip Code: _____

Business Phone# () _____

Business Fax # () _____

Are you sharing this location with another business? No Yes Name: _____

Billing Address: _____

(If different from the service of process address/Business Address)

City: _____ State: _____ Zip Code: _____

Please indicate business type: Retail Wholesale Manufacturing Service Office Business Start Date: _____

Please check ownership type: Sole Partnership Corporation LLC Number of Employees: _____

Description of business activity in detail: _____

(If wholesale, services, or retail, please list products)

State Professional License # _____

County Food Permit # _____

State Contractor License # _____

Retail Sales # _____

<u>Not Public Information</u>	<u>Not Public Information</u>
Business Owner/CEO: _____	
Service of Process Address: _____	
Phone #: _____	Social Security/Driver License# or Other ID: _____
	Federal Employer ID (FEIN) _____
Business Partner/Owner: _____	
Service of Process Address: _____	
Phone #: _____	Social Security/Driver License# or Other ID: _____

After Hours Contact Name: _____ After Hours Contact #: _____

Does the business involve any specially regulated uses; alcohol, tobacco, firearms or adult paraphernalia? Yes ___ No ___

Is this a Home Occupation? Yes ___ No ___ (if work is to be performed out of a residential location, a complete Home Occupation Permit Application must accompany this form)

I acknowledge that the issuance of a business license does not exempt me from the requirements of any applicable City, County or State law. **INITIAL:**

I acknowledge receipt of supplemental information identified as Exhibit "A". **INITIAL:**

I hereby certify under penalty of perjury that the information provided herein is true and correct to the best of my knowledge and ability.

Owner's Signature

DATE

FOR OFFICE USE ONLY			
Classification: _____	Category: _____	City Limits: _____	Amount Paid _____
Business License Fee: _____ + _____	Number of Equipment: () _____	SB1186: \$ 4.00 = Total Due: _____	Date Paid _____
RETURN TO CITY HALL WHEN COMPLETE. PHONE (559) 655-3291 FAX (559) 655-4064			Staff Initials _____
643 QUINCE STREET MENDOTA, CA 93640			

FEDERAL TAX NUMBER

Internal Revenue Service
2525 Capitol Street
Fresno, CA 93888
(559) 444-2044
1-800-829-1040

OBTAIN OR TRANSFER A CONTROL LIQUOR LICENSE

Alcoholic Beverage Control
3640 E. Ashlan Avenue
Fresno, CA 93726
(559) 225-6334

STATE TAX NUMBER

Fresno Employment Tax Office
1050 O Street
Fresno, CA 93721
(559) 445-5717

RESTAURANT INSPECTIONS

Department of Public Health
1221 Fulton Mall
Fresno, CA 93721
(559) 600-3357

SELLER'S PERMIT

CA Dept. of Tax and Fee Administration
8050 N. Palm Ave. Ste. 205
Fresno, CA 93711
(559) 440-5330

FIRE DEPARTMENT

Cal-Fire Fresno County Fire
210 South Academy Avenue
Sanger, CA 93657
(559) 485-7500

PHOTOCOPY OF DRIVER'S LICENSE**BACKFLOW DEVICE**

Please see attached list.

Please consider the following checklist of items that shall be examined prior to opening your business:

- Is the location properly zoned? Is the parking adequate for your use? Have you checked the sign requirements? (Contact the Planning Department at (559) 655-4298)
- Is construction involved? Is it in compliance with building safety requirements? (Contact the Building Department at (559) 655-4298)
- "Lead time" is necessary in establishing new trash/garbage pick-up service (Contact the Utility Department at (559) 655-4298)
- Do you require special permits; Planning, County Health, Fire or Police?

Special Notice Regarding SB1186:

In September 2012, California State Governor Gerry Brown signed into law SB1186 which adds a State fee of \$4.00 on any applicant for a business tax certificate or business license or similar instrument of permit, or renewal thereof. The purpose is to increase disability access and compliance with construction related accessibility requirements and to develop educational resources for businesses in order to facilitate compliance with Federal and State Disability Laws, as specified. Under Federal and State law, compliance with Disability Access Law is a serious and significant responsibility that applies to all California property 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 California Commission on Disability Access at www.cdda.ca.gov
The Department of Rehabilitation at www.rehab.cahwnet.gov

CERTIFIED BACKFLOW TESTING, INSTALLATIONS AND REPAIR LISTING

SIERRA VISTA & MOBILE SPRINKLER COMPANY

6668 W. McKinley Avenue
Fresno, CA 93723
(559) 255-0456 Phone
(559) 276-5668 Fax

David Shubin - AWWA Certification No. 08710
Jordan G. Pyles - AWWA Certification No. 13127

THE WATER CONNECTION

PO Box 567
Madera, CA 93639
(559) 479-0502 Cell
(559) 661-8333 Fax

Michael McKeever - AWWA Certification No. 02280
Seth McKeever - AWWA Certification No. 13295

THOMAS' BACKFLOW TESTING

PO Box 1133
Sanger, CA 93657
(559) 250-5202 Phone

Thomas Rocha - AWWA Certification No. 08711

DORAN'S BACKFLOW SERVICE

6398 S. Chestnut Avenue
Fresno, CA 93725
(559) 834-1053 Phone

Doran D. Clark - AWWA Certification No. 00351

VERN'S PLUMBING HEATING & AIR

3505 W. Ashlan Avenue
Fresno, CA 93722
(559) 228-8376 Phone

Robert Albers - ABPA Certification No. 05-01761

RANDY JOHNSON

21089 Forest Glen Rd.
Madera, CA 93638
(559) 479-5040 Phone

\$25 BACKFLOW TESTERS

PO Box 673
Friant, CA 93626
(559) 479-1838 Phone

Michael S. Smith - Certificate No. 05-00997
David P. Heumann - Certificate No. 05-01427
Jacob Castillo - Certificate No. 05-01888

COSCO FIRE PROTECTION

4233 W. Sierra Madre Suite 108
Fresno, CA 93722
(559) 275-3795

Daniel Tapetillo - AWWA Certification No. 15684
Fidel Chavez - AWWA Certification No. 17445
Ryan P. Smith - AWWA Certification No. 16793

BACKFLOW INDEPENDENT TESTING AND SERVICE

P.O. Box 2664
Fresno, CA 93745
(559) 251-7447