

INSTRUCTIONS FOR COMPLETING THE BUSINESS LICENSE APPLICATION

Operating the Business from your home.

If you live within the City Limits of Merced, you will also need to complete the **Home Occupation Certificate**. There is a one-time fee for this certificate which allows you to operate the business from your residence (this fee increases annually). Not all businesses are allowed to be operated from your home. Businesses operated from your home must meet the conditions set forth under Merced Municipal Code Section 20.48.040 (refer to Page 2 of the Home Occupation Certificate).

Check the Zoning

Be sure to contact the Planning Department to confirm that the location you have chosen for your business is zoned properly for that type of business.

Change of Business Name, Owner, or Address

If you are simply changing the business name or owner for a currently licensed business, complete the application with all the NEW information and check the appropriate box at the top of Page 1. Submit this application to the FINANCE DEPARTMENT on the first floor of the Merced Civic Center.

If you are changing the address/location of a currently licensed business, complete the application with all the NEW information and check the appropriate box at the top of Page 1. Submit this application to the PLANNING DEPARTMENT on the second floor, for review and approval, and then to the FINANCE DEPARTMENT to update your records.

Renewal of Massage Technician Permits

To renew an existing Massage Technician Permit, please contact the Finance Department at (209) 385-6843

Massage Therapy

You must have a license issued by the State prior to obtaining a business license with the City. Please note, that depending on the number of practitioners in the business, additional permits may be required.

Solicitor's and/or Street and Sidewalk Vendors License

Please contact the Planning Department at 209-385-6858 to obtain the application packet and information regarding Solicitor's and/or Street and Sidewalk Vendor's Licenses.

Cannabis-Related Businesses

You must have a license issued by the State, and have obtained a Commercial Cannabis Business Permit with the City, prior to submitting a business license.

Review and Approval of License:

Once you have completed the form, it will need to be signed and submitted in-person or by U.S. mail, to the Planning Department located at 678 W. 18th Street – 2nd Floor, Merced, CA 95340; by FAX at 209-388-7217; or via email at blinquiry@cityofmerced.org.

The next step in the approval process is review by the Planning Department and depending upon the type of business, additional agencies will also need to review the application prior to final issuance. These agencies include: Inspection Services (Building), Fire Department, Police Department and Health Department.

Business License Fees

Once the application has been reviewed and signed by the applicable agencies, it will need to be submitted to the Finance Department for payment and issuance of the actual license.

For questions regarding the fees for your business license, please contact the Business License Division of the City of Merced Finance Department at 209-385-6843 or e-mail inquiries to: blinquiry@cityofmerced.org

More Questions?

Please contact the City of Merced Planning Department at 209-385-6858 if you have any further questions regarding the completion of the application.



BUSINESS LICENSE APPLICATION

Finance Department
TEL # (209) 385-6843
FAX # (209) 388-7217

Email: blinquiry@cityofmerced.org

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

Application Date: _____

Please Check All That Apply: New Application Change of Owner

Change of Address - Previous Address: _____

Change of Business Name; previous business name: _____

Add/Delete Partner Temporary Business From _____ to _____

New Business Operating Within an Existing Business
(provide name of existing business) _____

Business Name (Include DBA, if applicable)

****State licensed care facilities, must use the same name as listed on the state license.**

Business Address and Telephone Information:

Address (Home-based businesses must use the <u>home</u> address as the business address):			Suite/Apt #:
-------------------------------------------------------------------------------------------	--	--	--------------

City:	State:	Zip Code:	Telephone: ()
-------	--------	-----------	----------------------

Mailing Address: Same as Business Address?

Address:	Suite/Apt. No.:
----------	-----------------

City:	State:	Zip Code:	E-Mail Address:
-------	--------	-----------	-----------------

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

Licensed Contractor?	Y	N	License #:	Classification:	Expiration:
----------------------	---	---	------------	-----------------	-------------

Contractor's License Verified By (*official use*):

Check Cashing Business?	Y	N	Permit #:
-------------------------	---	---	-----------

Business Start Date In Merced:	Number of Employees/Professionals:	Number of Units:
--------------------------------	------------------------------------	------------------

Tax Identification Numbers:

Federal Tax ID #/SSN:	State Tax ID #/SSN:	State Sales Tax #:
-----------------------	---------------------	--------------------

<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Owner	Non-profit #:
<input type="checkbox"/> Non-profit	

Owner's Information

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

1) First Name:	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)		

2) First Name:	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):	Telephone: ()			
Home Address (No P.O. Boxes):	Apt. #:	City:	State:	Zip Code:

Emergency Contact Information (Provide two names):

Emergency Contact:	Telephone Number: ()
Emergency Contact:	Telephone Number: ()

Select a billing method: CPI Base Rate Gross Receipts

I understand that this selection shall remain in effect for a minimum of four (4) consecutive quarters. Falsification of this statement is a misdemeanor. () Initial

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:

NOTE: Application continues on the following pages

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	N
Storage of Explosives	Y	N
Tattoo Establishments	Y	N
Curb Painting	Y	N
Taxicabs and Drivers (requires City Council approval)	Y	N
Limousine Service	Y	N
Card Room	If yes, how many tables? _____	Y N
Pool/Billiard Rooms and Family Billiard Parlors	If yes, how many tables? _____	Y N
Bingo or other games open to the general public	Y	N
Carnivals or Circuses	Y	N
Fortune Teller	Y	N
Child Care Centers	If yes, how many children? _____	Y N
Dependent Adult Care Centers	Y	N
Massage. State Certified? include number _____ and expiration date _____	Y	N
Door to door soliciting of goods or services	Y	N
Pawn Shop/Secondhand Dealer/Junk Dealer (requires City Council approval)	Y	N
Street or Sidewalk Vendor	Y	N
Liquidation Sale	Y	N
Itinerant Vendors	Y	N
Motion Picture Filming	Y	N
Dancing Permits	Y	N
Nightclub	Y	N
Alcohol Sales	On-Sale <input type="checkbox"/> Off-Sale <input type="checkbox"/>	Y N
Adult Entertainment Business	Y	N
Renting or Selling Adult-Type Videos and Books	Y	N
Escort Service and/or Figure Modeling	Y	N
Mobile Auto Repair	Y	N
Tow Company and Drivers	Y	N
Fire Extinguisher Refill Business	Y	N
Alarm Companies	Y	N
Lock and Key Businesses, including mobile services	Y	N
Private Patrol, Security Services and Guards (requires City Council approval)	Y	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

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.

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:	
Applicant's Signature:	Date:
Applicant's Title:	

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 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.

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 2222 M Street, 2nd Floor. (209) 381-1100

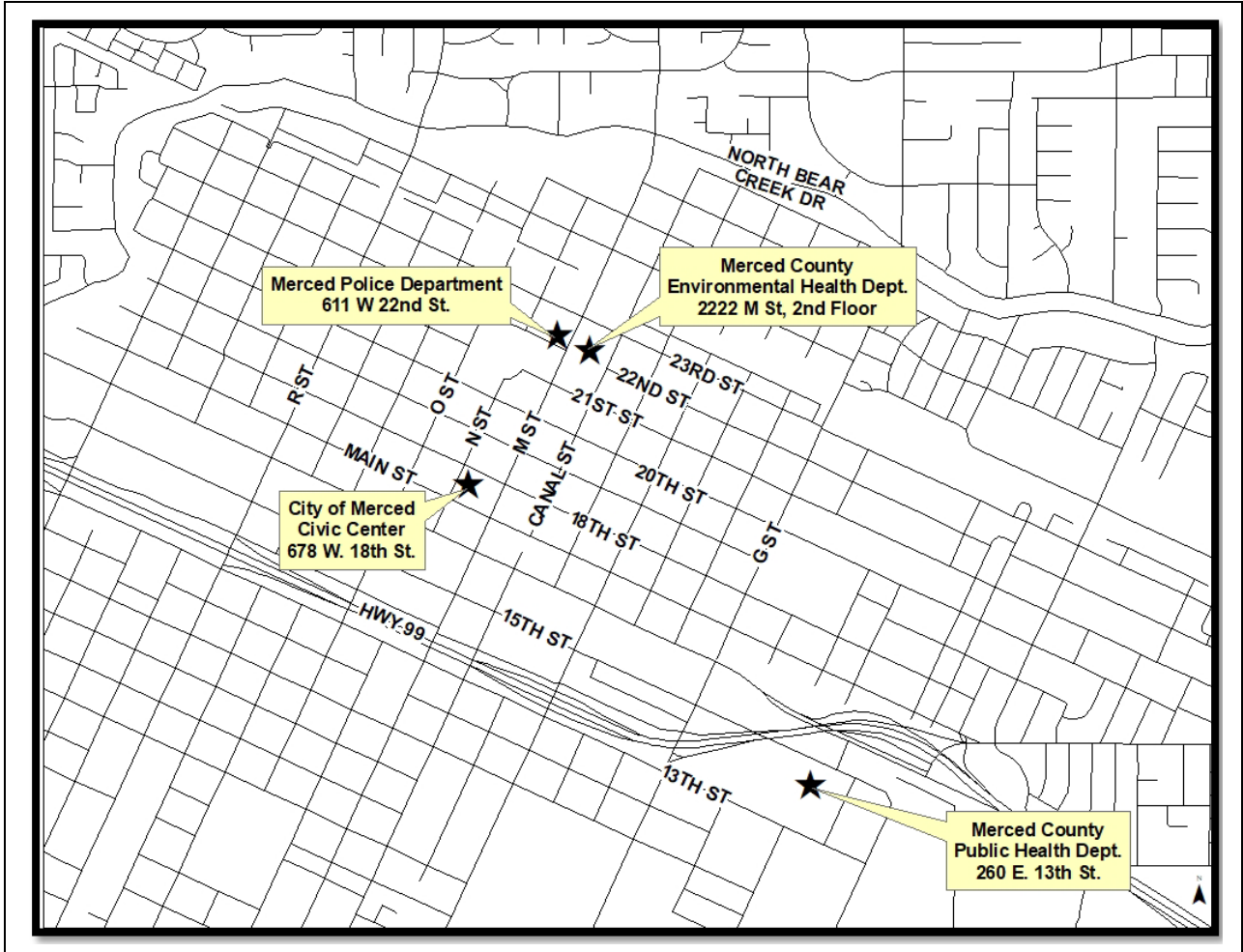
By: _____ Date: _____.

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.



DISABILITY ACCESS REQUIREMENTS AND RESOURCES

NOTICE TO APPLICANTS FOR BUSINESS LICENSES AND COMMERCIAL BUILDING PERMITS:

Under federal 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:

DEPARTMENT OF
GENERALSERVICES,
Division of the State
Architect, CASp Program

www.dgs.ca.gov/dsa

www.dgs.ca.gov/casp

DEPARTMENT OF
REHABILITATION
Disability Access Services

www.dor.ca.gov

www.rehab.cahwnet.gov/

disabilityaccessinfo

DEPARTMENT OF
GENERALSERVICES,
California Commission on
Disability Access

www.cdda.ca.gov

www.cdda.ca.gov/resources-menu/

CERTIFIED ACCESS SPECIALIST INSPECTION SERVICES

Compliance with state and federal construction-related accessibility standards ensures that public places are accessible and available to individuals with disabilities. Whether your business is moving into a newly constructed facility or you are planning an alteration to your current facility, by engaging the services of a Certified Access Specialist (CASp) early in this process you will benefit from the advantages of compliance and under the Construction-Related Accessibility Standards Compliance Act (CRASCA, Civil Code 55.51-55.545), also benefit from legal protections.

Although your new facility may have already been permitted and approved by the building department, it is important to obtain CASp inspection services after your move-in because unintended access barriers and violations can be created, for example, placing your furniture and equipment in areas required to be maintained clear of obstructions. For planned alterations, a CASp can provide plan review of your improvement plans and an access compliance evaluation of the public accommodation areas of your facility that may not be part of the alteration.

A CASp is a professional who has been certified by the State of California to have specialized knowledge regarding the applicability of accessibility standards. CASp inspection reports prepared according to CRASCA entitle business and facility owners to specific legal benefits, in the event that a construction-related accessibility claim is filed against them.

To find a CASp, visit www.apps2.dgs.ca.gov/DSA/casp/casp_certified_list.aspx.

DISABILITY ACCESS REQUIREMENTS AND RESOURCES

GOVERNMENT TAX CREDITS, TAX DEDUCTIONS AND FINANCING

State and federal programs to assist businesses with access compliance and access expenditures are available:

Disabled Access Credit for Eligible Small Businesses

FEDERAL TAX CREDIT—Internal Revenue Code Section 44 provides a federal tax credit for small businesses that incur expenditures for the purpose of providing access to persons with disabilities. For more information, refer to Internal Revenue Service (IRS) Form 8826: Disabled Access Credit at www.irs.gov.

STATE TAX CREDIT—Revenue and Taxation Code Sections 17053.42 and 23642 provide a state tax credit similar to the federal Disabled Access Credit, with exceptions. For more information, refer to Franchise Tax Board (FTB) Form 3548: Disabled Access Credit for Eligible Small Businesses at www.ftb.ca.gov.

Architectural and Transportation Barrier Removal Deduction

FEDERAL TAX DEDUCTION—Internal Revenue Code Section 190 allows businesses of all sizes to claim an annual deduction for qualified expenses incurred to remove physical, structural and transportation barriers for persons with disabilities. For more information, refer to IRS Publication 535: Business Expenses at www.irs.gov.

California Capital Access Financing Program

STATE FINANCE OPTION—The California Capital Access Program (CalCAP) Americans with Disabilities Act (CalCAP/ADA) financing program assists small businesses with financing the costs to alter or retrofit existing small business facilities to comply with the requirements of the federal ADA. Learn more at www.treasurer.ca.gov/cpcfca/calcap/.

FEDERAL AND STATE LEGAL REQUIREMENTS ON ACCESSIBILITY FOR INDIVIDUALS WITH DISABILITIES

AMERICANS WITH DISABILITIES ACT OF 1990 (ADA) —The ADA is a federal civil rights law that prohibits discrimination against individuals with disabilities, and requires all public accommodations and commercial facilities to be accessible to individuals with disabilities. Learn more at www.ada.gov.

CALIFORNIA BUILDING CODE (CBC)—The CBC contains the construction-related accessibility provisions that are the standards for compliant construction. A facility's compliance is based on the version of the CBC in place at the time of construction or alteration. Learn more at www.bsc.ca.gov.

PLEASE COMPLETE EACH SECTION BELOW:

Name of Business: _____

Name of Owner: _____

Address of Business: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____ Contact E-mail: _____

Type of Business: _____

SIC Code: _____ (www.osha.gov) WDID: _____

1. Are you a **new** Food Service Establishment? YES NO
If yes, please 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)

2. Will your facility be involved with any product manufacturing? YES NO
If yes, list product(s) below:



Businesses undertaking any activity, or use of premises, that may cause or contribute to storm water pollution or contamination shall comply with Best Management Practices (BMPs) consistent with the California Storm Water Quality Association guidelines. BMPs are suggested steps to prevent stormwater pollution. Brochures are available to help get you started. Please visit the brochure rack in the Finance Department lobby or contact the Water Quality Control Division.

INTERNAL USE ONLY:
Review Date:
Notes: