



# Business License Application

PO Box 3442, 1010 10<sup>th</sup> Street, Suite 2100, Modesto, CA 95353  
(209) 577-5389 FAX (209) 491-5960

MUNICIPAL CODE SECTION 6-1.104 LICENSE DOES NOT PERMIT BUSINESS OTHERWISE PROHIBITED. The payment of a license tax required by the provisions of this chapter, 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 this Code and all other applicable laws, nor to carry on any business in any building or on any premises designated in 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.

**Business Start Date in Modesto** \_\_\_\_\_

Business Name \_\_\_\_\_

Corporate Name (if any) \_\_\_\_\_ Corporate Phone # \_\_\_\_\_

Physical Business Address \_\_\_\_\_ Business Phone # \_\_\_\_\_  
(if in Modesto City limits, not a PO Box)

Check the box to indicate your understanding that this address will be public information, including but not limited to internet publication and public information requests.

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Business FAX # \_\_\_\_\_

Check all that apply: retail service wholesale financial construction transportation/utility manufacturing non-profit

Fully Describe the Business Activity: \_\_\_\_\_

Federal Employer ID # \_\_\_\_\_ State Employer ID # \_\_\_\_\_

Resale # (including letters) \_\_\_\_\_ # of commercial vehicles with logos \_\_\_\_\_

State Contractors # \_\_\_\_\_ (must present state contractors pocket card or a copy) Exp. Date \_\_\_\_\_

Ownership (Check One): Sole Owner Partnership (# of partners \_\_\_\_ ) Corporation LLC

### Owner(s) or Officer(s) Information (Attach a separate piece of paper if additional space is needed.)

Name \_\_\_\_\_

Home Address \_\_\_\_\_  
(not a PO Box)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Title \_\_\_\_\_

Soc Sec # \_\_\_\_\_ CDL # \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_  
(not a PO Box)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Title \_\_\_\_\_

Soc Sec # \_\_\_\_\_ CDL # \_\_\_\_\_

### After-hours Emergency Contact (required by Modesto Police Department for Commercial Locations)

Name \_\_\_\_\_ Phone \_\_\_\_\_

- Do you expect to earn over \$2000 in gross receipts per fiscal year? YES/NO (circle one)
- Do you plan to sell or buy secondhand (used) merchandise? YES/NO (circle one) If yes, notify Modesto Police Department.
- Are you using or storing flammable or hazardous material? YES/NO (circle one)
- Do you wish the City of Modesto to provide a link from the City of Modesto Business listing to your web site or e-mail address for a \$60.00 one time set-up fee and \$20.00 annual fee? YES/NO (circle one)

I have read the statements on this application and have indicated those conditions which are applicable to the nature of my business. Further, I have read and understand the provisions of Modesto Municipal Code Section 6-1.104 and I will obtain all necessary information from the appropriate City offices and employees regarding additional licenses and/or permits that may be required due to the nature, location or other characteristics of my proposed business activity. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature \_\_\_\_\_

Print or Type Name \_\_\_\_\_

Position with Company \_\_\_\_\_

Date \_\_\_\_\_

### FOR OFFICE USE ONLY

LICENSE	\$	ACCT#	CANCELLATION DATE & REASON	
LICENSE PENALTY ( _____ % ) =	\$	CATEGORY	DELINQUENT MILL (QUARTERS)	
GR X MILL = X .00	\$	NAIC	DEPOSIT REFUND DATE & AMT	
WEB LINK FEE	\$	RDA	DEPOSIT FORFEIT DATE & AMT	
DEPOSIT	\$	R	C	O
TOTAL PAID	\$	ZONING (AREA#)	RATE CODE	
			FINAL	

For Office Use Only

\_\_\_\_ NL \_\_\_\_ UPD \_\_\_\_ LOCH \_\_\_\_ ONTJB \_\_\_\_ REAC

Zoning: \_\_\_\_\_ Date: \_\_\_\_\_ Fire: \_\_\_\_\_ Date: \_\_\_\_\_

# Other agencies that you may need to contact before starting business:

## **SALES TAX/SELLER'S PERMIT**

Sales or use tax may apply to your business activities. You may seek written advice regarding the application of tax to your particular business by writing to the nearest State Board of Equalization Office. For general information, please contact the Board of Equalization at:

3321 Power Inn Rd #210  
Sacramento, CA  
[www.boe.ca.gov](http://www.boe.ca.gov)  
1-800-400-7115

## **FEDERAL EMPLOYER ID NUMBER**

Internal Revenue Service  
1533 Lakewood Avenue  
Modesto, CA  
209-548-7388  
1-800-829-1040

## **STATE EMPLOYER ID NUMBER**

Employment Development Department  
1-888-745-3886

## **FICTITIOUS BUSINESS NAME**

County Clerk/Recorder  
1021 I Street  
Modesto, CA  
209-525-5250

## **STATE CONTRACTOR BOARD**

[www.cslb.ca.gov](http://www.cslb.ca.gov)  
1-800-321-2752

## **HEALTH PERMITS**

County Health Department  
3800 Cornucopia Way, Suite C  
Modesto, CA  
209-525-6700

## **LANDSCAPING**

County Department of Ag and Weights & Measures  
725 County Center Three Court  
Modesto, CA  
209-525-4730

## **NON-PROFIT** (Articles of Incorporation or letter from Secretary of State stating non-profit status)

Secretary of State  
[www.ss.ca.gov](http://www.ss.ca.gov)  
916-653-7244

## **IMPORT/EXPORT**

U.S. Customs  
209-946-6270

## **POLICE PERMITS**

Modesto Police Department  
600-10<sup>th</sup> Street, first floor  
Modesto, CA  
209-572-9679

## **FRANCHISE TAX BOARD**

1-800-852-5711

## **STANISLAUS COUNTY CHILD CARE**

209-236-6400

## **STANISLAUS COUNTY DEPARTMENT OF AGRICULTURE AND WEIGHTS & MEASURES**

3800 Cornucopia Way, Ste B  
Modesto, Ca 95358  
209-525-4730