



**Business License Application**  
 P.O. Box 3442, 1010 10th Street, Suite 2100, Modesto, CA 95353  
 209-577-5389

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 business in any building or 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)

Business Fax # \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Business Website \_\_\_\_\_

Check box to indicate your understanding that the information above with the exception of home addresses in Modesto will be public information, including but not limited to internet publication and public information requests.

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 # \_\_\_\_\_

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. List address where each individual consents to receive service of process**

Name \_\_\_\_\_

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

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

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

Social Security / ITIN # \_\_\_\_\_

Driver's License or ID # \_\_\_\_\_

Name \_\_\_\_\_

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

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

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

Social Security / ITIN # \_\_\_\_\_

Driver's License or ID # \_\_\_\_\_

**After-hours Emergency contact (required by Modesto Police Department for Commercial Locations)**

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

• Do you plan to sell or buy secondhand (used) merchandise?  Yes  No (check one) If YES, notify Modesto Police Department.

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 \_\_\_\_\_

Signature \_\_\_\_\_

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

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

Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

LICENSE	\$	ACCOUNT #	CANCELLATION DATE & REASON	
AB1379	\$ 4.00	RATE TYPE	DELINQUENT MILL (QUARTERS)	
GR X MILL= _____ x.00	\$	NAIC	DEPOSIT REFUND DATE & AMOUNT	
DEPOSIT	\$	R      C      O	DEPOSIT FORFEIT DATE & AMOUNT	
TOTAL PAID	\$	ZONING (AREA #)	FINAL	

*"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: The Division of the State Architect at [www.dgs.ca.gov/dsa/Home.aspx](http://www.dgs.ca.gov/dsa/Home.aspx). The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov). The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov)."*

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  
1700 Standiford Avenue (Monday-Friday - 8:30 a.m.- 4:30 p.m.)  
Modesto, CA 95350  
(209) 900-6760  
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  
Import 1-877-227-5511 Export 1-800-872-8723

### **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**

209-238-6400

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

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