



Business License Application

PO Box 3442, 1010 10th 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 _____ Modesto, CA 953 _____
(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 _____

Business Phone # _____ 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 # _____ D L # _____

Name _____

Home Address _____
(not a PO Box)

City _____ State _____ Zip _____

Home Phone # _____ Title _____

Soc Sec # _____ D L # _____

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 secondhand (used) merchandise? YES/NO (circle one) If yes, notify Modesto Police Department.
- **Are you using or storing any sort of chemicals, 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 Road, Suite 210
Sacramento, CA
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 - Tax Office
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
1-888-321-2752

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
209-525-4610

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

Secretary of State
www.ss.ca.gov
916-653-7244

IMPORT/EXPORT

U.S. Customs
209-946-6270

POLICE PERMITS

Modesto Police Department
600-10th Street, first floor
Modesto, CA
209-572-9679

FRANCHISE TAX BOARD

1-800-852-5711

STANISLAUS COUNTY CHILD CARE

209-558-4050