



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**

<b>FOR OFFICE USE ONLY</b>			
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  
1-800-829-1040  
[www.irs.gov/ein](http://www.irs.gov/ein)

**OBTAIN OR TRANSFER A CONTROL LIQUOR LICENSE**

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

**STATE TAX NUMBER**

Franchise Tax Board  
P.O. Box 942840  
Sacramento, CA 94240-0040  
1-800-338-0505  
1-800-852-5711

**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) 319-0400

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

Please call City Hall at (559) 655-3291 for a listing of backflow testers.

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](http://www.dgs.ca.gov/dsa/Home.aspx)

The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov)

The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov)