



## CITY OF MADERA

### Out-of-Town Business Application

205 W 4<sup>th</sup> St. Madera, CA 93637

(559) 661-5408 FAX (559) 675-7067

businesslicense@madera.gov

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According to City Ordinance § 6-1.05 *“It shall be unlawful for any person to commence, transact, engage in, or carry on any business in the city without first having procured a license from the city so to do, or without complying with any and all applicable regulations of this chapter and other related or relevant laws of the city..”*

#### INFORMATION

On October 11, 2017 Governor Brown signed to revise law SB-1186 changing the state fee to \$4 (previously \$1.00) on and after January 1, 2018 to any application for a city business license. 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 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)

Please complete and return the enclosed application along with one-time non-refundable application fee of \$50.00 and a \$4.00 ADA compliance fee. In addition, once your application is received you will be billed for the current license fee due. All businesses are charged a yearly business license fee, billed annually from July 1st through June 30th. This fee is a flat rate for certain types of businesses or based on your gross receipts for all business performed in the City.

**Madera County Environmental Health’s Food Safety Program** – Food Inspection Report is required for any retail or mobile food facility applying for a City license. Please call (559) 675-7823 to obtain a valid health permit. A copy of your Permit to Operate issued by the Health Department is required before issuance of a City business license.

Once your application has been reviewed and processed, your business tax invoice will be issued, and once that is paid, your business license will be issued. A City of Madera business license is renewed automatically at the commencement of our fiscal year in July. **If you are no longer doing business in the city of Madera and do not wish to renew, you must terminate your account in writing, otherwise you will continue to be billed and responsible for the amount due.**



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**CITY STAFF USE ONLY:**

Account #: \_\_\_\_\_

License #: \_\_\_\_\_

NAICS: \_\_\_\_\_

**EFFECTIVE DATE:** \_\_\_\_\_

If a change in ownership, what was the previous business name? \_\_\_\_\_

**BUSINESS NAME:** \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**MAILING ADDRESS** (if different from business location)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**DESCRIPTION OF BUSINESS:** \_\_\_\_\_

**TAX INFORMATION:**

Sole Proprietor  Partnership  Corporation  LLC  Non-Profit/Exempt

Fed Tax ID: \_\_\_\_\_ State Tax ID: \_\_\_\_\_

State Board of Equalization # (Resale Permit): \_\_\_\_\_

**ESTIMATED GROSS RECEIPTS FOR 1 MONTH IN THE CITY OF MADERA:** \$ \_\_\_\_\_

**STATE LICENSE CONTRACTORS ONLY:**

License #: \_\_\_\_\_ Address/Location of job: \_\_\_\_\_

If this is a one-time job, what is the value: \$ \_\_\_\_\_



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### BUSINESS OWNER INFORMATION – Sole Proprietor/Partnership Only

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ SSN: \_\_\_\_\_ DL/ID#: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ SSN: \_\_\_\_\_ DL/ID#: \_\_\_\_\_

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### BACKGROUND CHECK/FINGERPRINTING

The following types of businesses require a background check/fingerprinting to be completed at the City of Madera Police Department:

- Massage/Physical Therapist
  - Security Guard
  - Taxicab
  - Pawn/Secondhand Dealer License
  - Photographer
  - Notary Public
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A City of Madera business license is renewed automatically at the commencement of our fiscal year in July. If you are no longer doing business in the City of Madera and do not wish to renew please provide a written request to cancel or call to request a cancellation form and mail your request to the address below.

**THIS IS AN APPLICATION ONLY, DOING BUSINESS WITHOUT YOUR FINAL BUSINESS LICENSE APPROVAL IS A MISDEMEANOR AND PUNISHABLE BY LAW. 'SEC. 6-1.03 MMC'**

"I declare under penalty of perjury that this is a true, correct, and complete application."

Owner Print Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(If not the owner, contact person)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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#### WORKER'S COMPENSATION DECLARATION

I hereby affirm, under penalty of perjury, **one of the following three declarations:**

I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided by Section 3700, for the duration of any business activities conducted for which this license is issued.

I have and will maintain workers' compensation insurance, as required by Section 3700, for the duration of any business activities conducted for which this license is issued.

My worker's compensation insurance carrier and policy number are:

Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

For businesses not hiring employees:

I certify that in the performance of any business activities for which this license is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with the provisions of Section 3700.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO \$100,000, IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.