



CITY OF MENDOTA

APPLICATION FOR BUSINESS LICENSE

This form must be completed by all businesses operating in the City of Mendota. All information will be kept confidential.
HALF OF BUSINESS LICENSE FEE WILL BE DUE UPON SUBMITAL OF APPLICATION.

Please allow five business days for processing.

BUSINESS NAME

BUSINESS ADDRESS

BUSINESS PHONE NUMBER

CITY, STATE, ZIP CODE

APN#

PROPERTY OWNERS NAME

BUSINESS OWNER'S NAME

PROPERTY OWNER'S PHONE NUMBER

BUSINESS OWNER'S PHONE NUMBER

BUSINESS OWNER'S ADDRESS

SOCIAL SECURITY#

CITY, STATE, ZIP CODE ZIP CODE

AFTER HOURS CONTACT NAME

AFTER HOURS PHONE NUMBER

BUSINESS START DATE

NUMBER OF EMPLOYEES

OWNERSHIP TYPE:
CORPORATION SOLE PROPIETOR PARTNERSHIP LLC

TYPE OF BUSINESS (GIVE DETAILED DESCRIPTION):

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 be performed out of a residential location, a complete Home Occupation Permit Application must accompany this form)

TAX & LICENSE INFORMATION: **Federal Tax ID** _____ **State Tax ID** _____

State Profession License # _____ **Contractor State License #** _____

State Resale License # _____ **County Food Permit #** _____

*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 declare that I have examined this application and it is true, correct and complete.

SIGNATURE

DATE

FOR OFFICE USE ONLY		
DATE REFERRED TO DEPTS.	STAFF INITIALS	
<u>WHEN APPROVED PLEASE INITIAL OR ATTACH COMMENTS</u>		Amount Paid _____
<input type="checkbox"/> BUILDING/PLANNING DEPARTMENT	_____	Date Paid _____
<input type="checkbox"/> CODE ENFORCEMENT	_____	Staff Initials _____
<input type="checkbox"/> POLICE DEPARTMENT (CHIEF ANDREOTTI)	_____	
<input type="checkbox"/> WATER DEPARTMENT/PUBLIC WORKS	_____	
<input type="checkbox"/> COPY UTILITY DEPARTMENT	<input type="checkbox"/> COPY TO MPD (RECORDS) <i>INFO. ONLY</i> _____	
RETURN TO CITY HALL WHEN COMPLETE. PHONE (559) 655-3291 FAX (559) 655-4064 643 QUINCE STREET MENDOTA, CA 93640		

EXHIBIT "A" – OPENING A BUSINESS

FEDERAL TAX NUMBER

Internal Revenue Service
2525 Capitol Street
Fresno, CA 93888
(559) 444-2044
1-800-829-1040

STATE TAX NUMBER

Fresno Employment Tax Office
1050 O Street
Fresno, CA 93721
(559) 445-5717

PHOTOCOPY OF DRIVER'S LICENSE

OBTAIN OR TRANSFER A CONTROL LIQUOR LICENSE

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

RESTAURANT INSPECTIONS

Department of Public Health
1221 Fulton Mall
Fresno, CA 93721
(559) 445-3200

FIRE DEPARTMENT

Cal-Fire Fresno County Fire
210 South Academy Avenue
Sanger, CA 93657
(559) 485-7500

BACKFLOW DEVICE

Please see attached list.

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 ext. 108)
- Is construction involved? Is it in compliance with building safety requirements? (Contact the Building Department at (559) 655-4298 ext. 105)
- "Lead time" is necessary in establishing new trash/garbage pick-up service (Contact the Utility Department at (559) 655-4298 ext. 115)
- 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 \$1.00 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
The California Commission on Disability Access at www.cdda.ca.gov
The Department of Rehabilitation at www.rehab.cahwnet.gov

CERTIFIED BACKFLOW TESTING, INSTALLATIONS AND REPAIR LISTING

SIERRA VISTA & MOBILE SPRINKLER COMPANY

6668 W. McKinley Avenue
Fresno, CA 93723
(559) 255-0456 Phone
(559) 276-5668 Fax

David Shubin - AWWA Certification No. 08710
Jordan G. Pyles - AWWA Certification No. 13127

THE WATER CONNECTION

PO Box 567
Madera, CA 93639
(559) 479-0502 Cell
(559) 661-8333 Fax

Michael McKeever - AWWA Certification No. 02280
Seth McKeever - AWWA Certification No. 13295

THOMAS' BACKFLOW TESTING

PO Box 1133
Sanger, CA 93657
(559) 250-5202 Phone

Thomas Rocha - AWWA Certification No. 08711

DORAN'S BACKFLOW SERVICE

6398 S. Chestnut Avenue
Fresno, CA 93725
(559) 834-1053 Phone

Doran D. Clark - AWWA Certification NO. 00351

NOTE: These contractors are licensed and certified under the American Water Works Association to test, repair and install backflow devices. In addition, a current Business License from the City of Mendota is required. When installing a backflow device, all work must be complete and up to standards according to the 2010 California Plumbing Code. If work within the City will obstruct the public right-of-way, an Encroachment Permit is required.