



**CITY OF CHOWCHILLA
BUSINESS LICENSE APPLICATION
OUT OF TOWN**

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NEW APPLICATION FOR A BUSINESS NOT LOCATED IN THE CITY LIMITS OF CHOWCHILLA

IF CHANGE IN OWNERSHIP, PREVIOUS OWNER'S BUSINESS NAME: _____

CHANGE OF BUSINESS LOCATION (PREVIOUS ADDRESS): _____

NAME CHANGE OF BUSINESS: _____
Previous Business Name _____

BUSINESS NAME: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Business Start Date in **Chowchilla**: _____

MAILING ADDRESS (If different from the business location): _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail Address: _____ Fax Number: _____

Retail Service Contractor Profession Manufacturer Wholesale Other

DESCRIPTION OF

BUSINESS / USE: _____

(If additional space is needed, attach separate sheet of paper.)

BUSINESS TYPE: Sole Proprietor Partnership LLC Non Profit Corporation

If a corporation, please provide a separate sheet of paper listing officers and their contact information.

Current Year Estimated Gross Receipts in Chowchilla \$ _____

(CMC Chapter 5.08)

TAX INFORMATION:

Federal Tax I.D. #: _____ State Tax I.D. #: _____ State Board of Equalization #: _____
(Resale
Permit #)

State Contractors License #: _____ Exp. Date: _____

BUSINESS OWNER'S CONTACT INFORMATION – Sole Proprietor/Partnership

(Different than business information)

Name: _____ Phone #: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone #: _____

Home Address: _____ City: _____ State: _____ Zip: _____

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 AND DAMAGES AS PROVIDED FOR IN SECTION 3700 OF THE LABOR CODE, INTEREST, AND ATTORNEYS FEES.

Please read and sign below:

I declare under penalty of perjury that the above information is true and correct to the best of my knowledge. I certify that I will operate my business in accordance with all applicable Federal, State, and City laws and regulations. I further understand that any false statements made herein are grounds for denial or revocation of my business license. I understand that the City of Chowchilla retains the right to request verification of my/our current year estimated annual income to ensure that I am paying the correct business license fee.

Signature: _____ Date: _____

Print Name: _____ Title: _____

PLEASE NOTE: A business license is permanent unless terminated or revoked. If you are no longer doing business or providing a service in the City of Chowchilla you must terminate your account in writing. If not, you will continue to be billed and be responsible for the amount that is due.

OFFICE USE ONLY

Business License Fee \$ _____ Application Fee \$ 28.00 ADA SB 1186 Fee \$ 4.00

Total Fees Due: \$ _____

Fees are subject to change and set by Council Resolution and/or the State of California.

Received by: _____

Approved

Denied

Police Dept. Approval

Special Approvals Needed

Community Development Director

Date