



# City of Kerman

COMMUNITY COMES FIRST

850 S. MADERA AVE.  
KERMAN, CA 93630  
FAX: (559) 846-9348  
TELEPHONE: (559) 846-6121

## BUSINESS LICENSE APPLICATION

**Note:**

1. Application does not constitute a business license. If application is approved, subject to conditions, there may be an additional fee for the business license.
2. Pursuant to Kerman Municipal Code Section 5.04.060, business license fees are not prorated or refundable.

**Application Fee: \$130.00**

### OWNER INFORMATION

Name \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone No. (     ) \_\_\_\_\_ Cell Phone No. (     ) \_\_\_\_\_  
E-Mail \_\_\_\_\_

### BUSINESS INFORMATION

Name \_\_\_\_\_  
Site Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone No. (     ) \_\_\_\_\_ Fax No. (     ) \_\_\_\_\_  
Email: \_\_\_\_\_  
Contractor's License No. \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Other License \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Is this a home occupation \_\_\_\_\_ (Only Applicable to Property within City limits)  
Business Operates with (circle one) Sole/No employees 1-5 employees 6-10 employees 11 or more  
Type of Ownership (circle one) Sole Partnership Corporation No. \_\_\_\_\_  
State Tax I.D. \_\_\_\_\_ Federal Tax I.D. \_\_\_\_\_  
State Sales Tax No. \_\_\_\_\_

Describe type of business \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NAME OF CORPORATE OFFICERS OR PARTNERS**

Name \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Alternate Phone (     ) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Name \_\_\_\_\_ Title: \_\_\_\_\_

Home Address \_\_\_\_\_

Phone (     ) \_\_\_\_\_ Alternate Phone (     ) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**CONDITIONS OF APPROVAL**

I acknowledge that the issuance of a business license does not exempt me from the requirements of any application of City, County, or State laws.

Your Signature \_\_\_\_\_ Title \_\_\_\_\_

Driver License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Social Security Number \_\_\_\_\_

**PROPERTY INFORMATION (If unknown leave blank)**

Property Owner \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Square Footage \_\_\_\_\_ Paved Yes \_\_\_\_\_ No \_\_\_\_\_

Assessor's Parcel Number \_\_\_\_\_

**FOR CITY USE ONLY**

Clearance With

- 1. Planning Department \_\_\_\_\_
- 2. Building Division \_\_\_\_\_
- 3. Police Department \_\_\_\_\_
- 4. Finance Department \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TERMINATED: \_\_\_\_\_  
UPDATED: \_\_\_\_\_  
NEW OWNERS: \_\_\_\_\_  
RENEWED: \_\_\_\_\_