



City of Kerman

Community Comes First

850 S. Madera Ave.
Kerman, CA 93630
Telephone: (559) 846-9385
Fax: (559) 846-6199

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: For those businesses applying to conduct business within city limit and/or have a store front your application fee will be **\$130.00**.

For those businesses applying and DO NOT have a store front your application fee will be as follows:

<input type="checkbox"/>	Sole Proprietorship with No Employees	\$50.00	\$ _____
<input type="checkbox"/>	1-5 Employees	\$71.62	\$ _____
<input type="checkbox"/>	6-10 Employees	\$95.28	\$ _____
<input type="checkbox"/>	11 or More Employee	\$116.90	\$ _____

For questions regarding these fees, please call the number listed above.

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 (check one) Sole/No employees 1-5 employees 6-10 employees 11 or more
Type of Ownership (check 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 _____

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 _____

FOR CITY USE ONLY

Clearance With

1. Planning Department _____
2. Building Division _____
3. Police Department _____
4. Finance Department _____

COMMENTS: _____

TERMINATED: _____
UPDATED: _____
NEW OWNERS: _____
RENEWED: _____