



# 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. (    ) \_\_\_\_\_  
 Driver License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 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 \_\_\_\_\_

### FOR CITY USE ONLY

Clearance With

1. Planning Department \_\_\_\_\_

2. Building Division \_\_\_\_\_

3. Police Department \_\_\_\_\_

4. Finance Department \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

TERMINATED: \_\_\_\_\_

UPDATED: \_\_\_\_\_

NEW OWNERS: \_\_\_\_\_

RENEWED: \_\_\_\_\_