

CITY OF MENDOTA



BUSINESS LICENSE APPLICATION
643 QUINCE STREET, MENDOTA CA 93640
(559) 655-4298 FAX: (559) 655-4064
www.thecityofmendota.com

BUSINESS NAME (INCLUDE DBA)

TELEPHONE # _____

BUSINESS LOCATION

ADDRESS _____

CITY _____

STATE _____

ZIP _____

CONTACT INFORMATION

BUILDING OWNER _____

SOCIAL SECURITY NUMBER _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE # _____

DRIVER LICENSE # _____ EXP _____

EMERGENCY CONTACT _____

TELEPHONE # _____

BUSINESS OWNER _____

SOCIAL SECURITY NUMBER _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE # _____

DRIVER LICENSE # _____ EXP. _____

EMERGENCY CONTACT _____

TELEPHONE # _____

DESCRIPTION OF BUSINESS

START DATE: _____

SOLE PROPRIETOR _____

PARTNERSHIP _____

CORPORATION _____

TYPE OF BUSINESS: _____

NUMBER OF EMPLOYEES: _____

DOES THE BUSINESS INVOLVE ANY SPECIALLY REGULATED USES; ALCOHOL, TOBACCO, FIREARMS, ADULT PARAPHERNALIA? YES ___ NO ___

IS THIS A HOME OCCUPATION? YES* ___ NO ___ *IF WORK IS TO BE PERFORMED OUT OF A RESIDENTIAL LOCATION, A COMPLETE HOME OCCUPATION PERMIT APPLICATION MUST ACCOMPANY THIS FORM.

TAX INFORMATION

FEDERAL TAX I.D. _____ STATE TAX I.D. _____

STATE SALES TAX No. _____ CONTRACTORS STATE LICENSE # _____

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: _____

RECEIVED BY: _____ DATE: _____

CITY OF MENDOTA

EXHIBIT "A" OPENING A BUSINESS

FEDERAL I.D. NUMBER:

INTERNAL REVENUE SERVICE
BLYTHE AVENUE
FRESNO, CA 93711
1-800-829-1040

**STATE I.D. NUMBER AND WITHOLDING
SCHEDULE**

FRESNO EMPLOYMENT TAX OFFICE
1050 O STREET
FRESNO, CA 93721
(559) 445-5717

**OBTAIN OR TRANSFER A CONTROL LIQUOR
LICENSE*:**

ALCOHOLIC BEVERAGE CONTROL
3640 E. ASHLAN AVENUE
FRESNO, CA 93726
(559)225-6334

BACKFLOW DEVICE

(559) 488-3003
CALIFORNIA WATER SERVICE
P O BOX 343
COALINGA CA 93210
(559)935-2300

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

PLEASE USE THE FOLLOWING CHECKLIST OF ITEMS THAT SHOULD BE EXAMINED PRIOR TO OPENING YOUR BUSINESS.

- IS THE LOCATION PROPERLY ZONED? IS THE PARKING ADEQUATE FOR YOUR USE? HAVE YOU CHECKED SIGN REQUIREMENTS? (CONTACT THE PLANNING DEPT. AT (559) 655-4298 ext. 108.)
- IS CONSTRUCTION INVOLVED? IS IT IN COMPLIANCE WITH BUILDING SAFETY REQUIREMENTS? (CONTACT THE BUILDING DEPT. AT (559) 655-4298 ext. 105.)
- "LEAD TIME" NECESSARY IN ESTABLISHING NEW TRASH/GARBAGE PICK-UP SERVICE? (CONTACT THE UTILITY DEPT. AT (559) 655-4298 ext. 103.)
- DO YOU REQUIER SPECIAL PERMITS; PLANNING, COUNTY HEALTH, FIRE, OR POLICE?