



Business License Application

P.O. Box 3442, 1010 10th Street, Suite 2100, Modesto, CA 95353
(209) 577-5389

MUNICIPAL CODE SECTION 6-1.104 LICENSE DOES NOT PERMIT BUSINESS OTHERWISE PROHIBITED. The payment of a license tax required by the provisions of this chapter, and its acceptance by the City, and the issuance of such license to any person shall not entitle the holder thereof to carry on any business unless he has complied with all the requirements of this Code and all other applicable laws, nor to carry on business in any building or any premises designated in such license in the event that such building or premises are situated in a zone or locality in which the conduct of such business is in violation of any law.

Business Start Date in Modesto _____

Business Name _____

Corporate Name (if any) _____ Corporate Phone # _____

Physical Business Address _____ Business Phone # _____
(if in Modesto City limits, not a PO Box)

Business Fax # _____

Check box to indicate your understanding that the address above will be public information, including but not limited to internet publication and public information requests.

Mailing Address _____ City _____ State _____ Zip _____

Email Address _____ Business Website _____

Check all that apply: Retail Service Wholesale Financial Construction Transportation / Utility Manufacturing Non-Profit

Fully Describe the Business Activity _____

Federal Employer ID # _____ State Employer ID # _____ Resale # _____

State Contractors # _____ (must present state contractors pocket card or a copy) Exp. Date _____

Ownership (Check One): Sole Owner Partnership (# of partners ____) Corporation LLC

Owner(s) or Officer(s) Information (Attach a separate piece of paper if additional space is needed.)

Name _____

Name _____

Home Address _____

Home Address _____

(not a PO Box)

(not a PO Box)

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Home Phone # _____ Title _____

Home Phone # _____ Title _____

Social Security # _____

Social Security # _____

Driver's License # _____

Driver's License # _____

After-hours Emergency Contact (required by Modesto Police Department for Commercial Locations)

Name _____ Phone # _____

• Do you plan to sell or buy secondhand(used) merchandise? YES / NO (circle one) If YES, notify Modesto Police Department.

I have read the statements on this application and have indicated those conditions which are applicable to the nature of my business. Further, I have read and understand the provisions of Modesto Municipal Code Section 6-1.104 and I will obtain all necessary information from the appropriate City offices and employees regarding additional licenses and/or permits that may be required due to the nature, location or other characteristics of my proposed business activity. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature _____ Print or Type Name _____ Position with Company _____ Date _____

Signature _____ Print or Type Name _____ Position with Company _____ Date _____

FOR OFFICE USE ONLY

LICENSE	\$	ACCT#	CANCELLATION DATE & REASON	
SB-1186	\$ 4.00	RATE TYPE	DELINQUENT MILL (QUARTERS)	
GR x MILL= _____ x .00 _____	\$	NAIC	DEPOSIT REFUND DATE & AMT	
DEPOSIT	\$	R _____ C _____ O _____	DEPOSIT FORFEIT DATE & AMT	
TOTAL PAID	\$	ZONING (AREA #)	FINAL	

"Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx. The Department of Rehabilitation at www.rehab.cahwnet.gov. The California Commission on Disability Access at www.cdda.ca.gov."

For Office Use Only: _____NL _____UPD _____LOCH _____ONTJB _____REAC

Zoning: _____ Date: _____ Fire: _____ Date: _____