



# City of Kerman

COMMUNITY COMES FIRST

850 S. MADERA AVE.  
KERMAN, CA 93630  
FAX: (559) 846-6199  
TELEPHONE: (559) 846-9385

## BUSINESS LICENSE APPLICATION

**Note:** Application does not constitute a business license. If application is approved, subject to conditions, there may be an additional fee for the business license.

**Application Fee: \$129.00**

### 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: \_\_\_\_\_