



## 2026 General Business License Application

(For businesses located within City limits)

850 S. Madera Ave., Kerman, CA 93630 Office:

(559) 550-0832 Fax: (559) 846-6199

[www.cityofkerman.net](http://www.cityofkerman.net)

### Checklist Items

To be completed in the following order

- ☐ Planning Operational Statement
- ☐ Floor Plan
- ☐ Business License Application
- ☐ Driver's License Front and Back (Copy)
- ☐ North Central Fire Clearance (Instructions are given after submitting)
- ☐ Building Division Walkthrough Permit (Issued after submitting)
- ☐ Fresno County Environmental Health Clearance (copy if applicable)
- ☐ California Department of Consumer Affairs Relevant License (copy if applicable)
- ☐ Other \_\_\_\_\_

**Business Name:** \_\_\_\_\_ **Business Address:** \_\_\_\_\_

#### For City Use Only

APPLICATION RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS:



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### Operational Statement

1. What is the zoning for the business location?

☐ COMMERCIAL ☐ INDUSTRIAL ☐ RESIDENTIAL

☐ OTHER \_\_\_\_\_

*\*some uses may require additional planning entitlements i.e. site plan review, conditional use permit*

2. Will there be any interior/exterior renovations or tenant improvements to the site/building?

☐ YES ☐ NO *\*some renovations or tenant improvements require a building permit*

3. The business use is a(n): ☐ EXISTING ☐ EXPANSION ☐ NEW use on the site? *\*expansion of or new business uses may be subject to additional planning entitlements*

4. Does the business entail any of the following; working with children/elderly, selling tobacco or vaping products, selling alcohol, food preparation, storage of combustible material, selling firearms, massage establishment, medical waste, recycling? ☐ YES ☐ NO

If yes please describe: \_\_\_\_\_

5. Will the business be utilizing or installing new on-building or monumental signage? ☐ YES

☐ NO *\*new or replacement of signage requires a sign review permit*

6. Hours of Operation: \_\_\_\_ to \_\_\_\_ Days: M T W T F S

Number of employees (including self): \_\_\_\_\_

Describe items being sold and/or services to be provided (in detail):

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### FEES & NOTICES

- I. Submittal and payment of an application does not constitute a business license. If the application is approved, subject to conditions, there will be an additional fee for the business license.
- II. Pursuant to Kerman Municipal Code Section 5.04.060, business license fees are not prorated or refundable.
- III. Per the State of California (SB 1186) a fee will apply to each license.

### 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 \_\_\_\_\_

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 ID No. \_\_\_\_\_ Federal ID No. \_\_\_\_\_

State Board of Equalization # (Resale Permit): \_\_\_\_\_

Describe the business: \_\_\_\_\_

### PROPERTY OWNER INFORMATION

Name \_\_\_\_\_

Home Address/PO Box\* \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_ Cell Phone No. ( ) \_\_\_\_\_

E-Mail \_\_\_\_\_

### OWNER INFORMATION

Name \_\_\_\_\_

Home Address/PO Box\* \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_ Cell Phone No. ( ) \_\_\_\_\_

Driver License #/Identification # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Taxpayer Identification Number \_\_\_\_\_

SSN/Municipal Identification Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-Mail \_\_\_\_\_



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### NAME OF CORPORATE OFFICERS OR PARTNERS

Name \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Alternate Phone (     ) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

### ACKNOWLEDGEMENT AND ACCEPTANCE OF APPROVAL

I acknowledge that payment of a license fee required by **KMC 5.040.050**, and its acceptance by the City, and its issuance does not entitle the holder thereof to carry on any business in a manner or at a location or premises which is otherwise prohibited by any other ordinance of the city, or any other statute or enactment.

\_\_\_\_\_  
Initial

I further acknowledge that issuing a business license does not exempt me from the requirements or regulations of any other applicable City, County, or State laws.

\_\_\_\_\_  
Initial

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\*Business owner or an authorized agent must sign.

Fee Schedule	
<b>Application Fee</b>	<b>\$160</b>
<b>Annual Fee</b>	
Sole/No employees	\$69.98 + \$4 state fee
1 to 5 employees	\$104.12 + \$4 state fee
6 to 10 employees	\$139.96 + \$4 state fee
11 or more employees	\$174.10 + \$4 state fee

RETURN APPLICATION BY MAIL OR IN PERSON TO: City of Kerman – Community Development Department:

850 South Madera Avenue, Kerman, CA 93630

SCAN AND RETURN THE APPLICATION BY E-MAIL TO: [buildingonline@cityofkerman.org](mailto:buildingonline@cityofkerman.org)

BUSINESS LICENSE ASSISTANCE: (559) 550-0829