



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

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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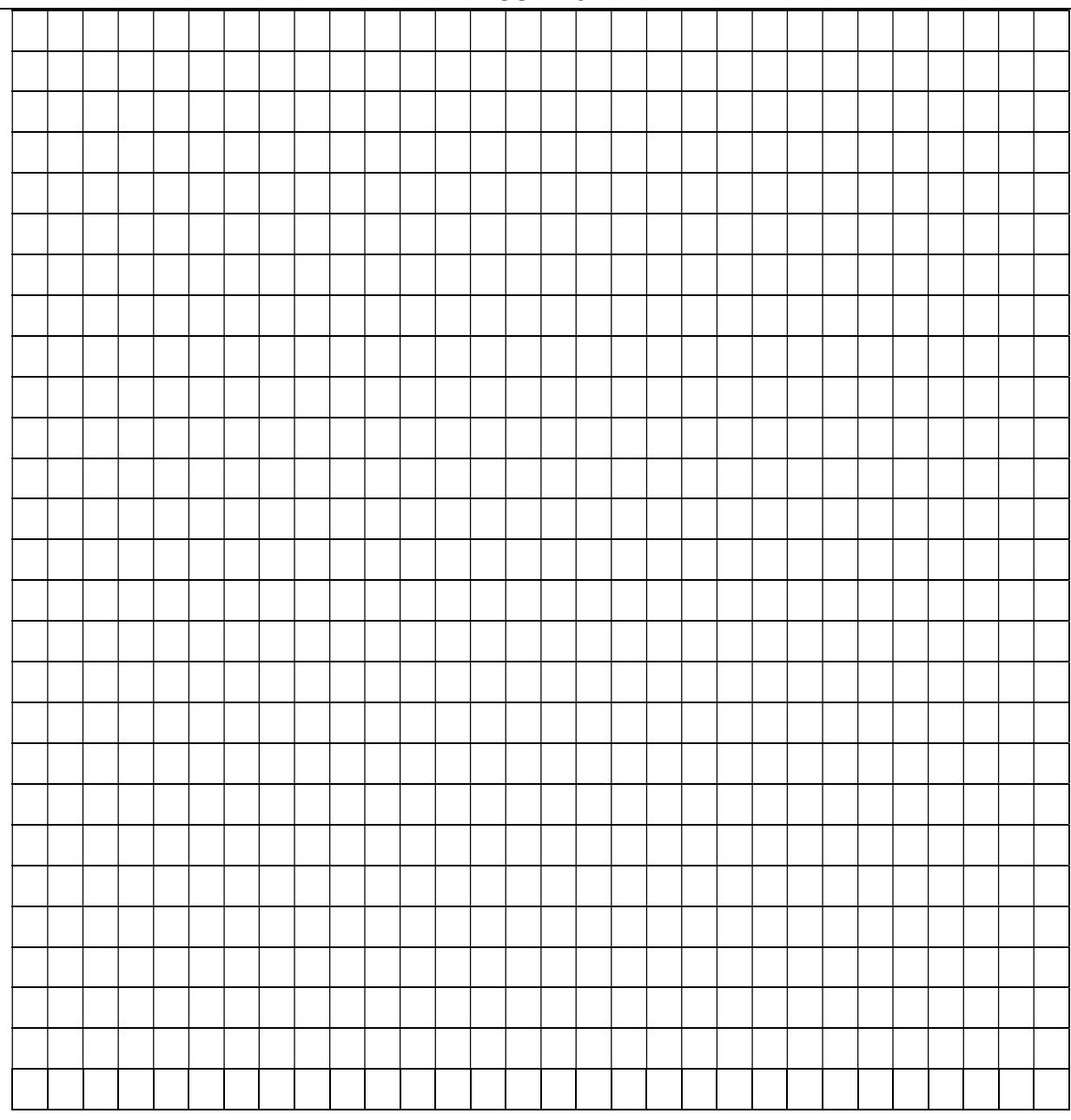
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Floor Plan



Please draw a diagram of your business as it is being proposed.

Include:

- Ingress | Egress
- Paths of Travel
- Label Rooms and Their Use
- Building Interior Dimensions
- General Location of Furniture/Equipment





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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

Application Fee	\$160
Annual Fee	
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

BUSINESS LICENSE ASSISTANCE: (559) 550-0829