



# 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 Name \_\_\_\_\_ Start Date \_\_\_\_\_

Corporate Name (if any) \_\_\_\_\_ Corporate Phone # \_\_\_\_\_

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

\_\_\_\_\_ Business Fax # \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Business Website \_\_\_\_\_

Check box to indicate your understanding that the information above with the exception of home addresses in Modesto will be public information, including but not limited to internet publication and public information requests.

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

Per AB 2184, you may protect your residential address by providing a different Service of Process address in accordance with Sections 16000.1(a)(2) and 16100.1(a)(2) of the Business and Professions Code. To do so, please fill out the section on the bottom of this form.

### Owner(s) or Officers(s) Information (List address where each individual consents to receive service of process.)

<p>Name _____ <small style="text-align: center;">Information below is confidential</small></p> <p>Home Address _____ (not a PO Box)</p> <p>City _____ State _____ Zip _____</p> <p>Home Phone # _____ Title _____</p> <p>Social Security # / ITIN # _____</p> <p>Driver's License # or Other ID # _____</p>	<p>Name _____ <small style="text-align: center;">Information below is confidential</small></p> <p>Home Address _____ (not a PO Box)</p> <p>City _____ State _____ Zip _____</p> <p>Home Phone # _____ Title _____</p> <p>Social Security # / ITIN # _____</p> <p>Driver's License # or Other ID # _____</p>
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### After-hours Emergency Contact (Required by Modesto Police Department for Commercial Locations.)

Name \_\_\_\_\_ Phone # \_\_\_\_\_

### SERVICE OF PROCESS ADDRESS, PURSUANT TO AB2184 - AVAILABLE FOR PUBLIC INSPECTION

If you wish to protect your residential address with a different service of process address, please provide it here.

NOTE - if your service of process address is a post office box or private mailbox, it must comply with paragraph (2) of subdivision (b) of Section 17538.5 of the California Business and Professions Code.

**Service of Process Address** \_\_\_\_\_

**Residential Address to protect**  Business Location  Mailing Address  Owner/Partner/Officer Address

• 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
AB-1379	\$ 4.00	RATE TYPE	
	\$	NAIC	DEPOSIT REFUND DATE & AMT
DEPOSIT	\$	R      C      O	DEPOSIT FORFEIT DATE & AMT
TOTAL PAID	\$		FINAL

\_\_\_\_\_ NL  
 \_\_\_\_\_ UPD  
 \_\_\_\_\_ LOCH  
 \_\_\_\_\_ ONTJB  
 \_\_\_\_\_ REAC

Zoning: \_\_\_\_\_ Date: \_\_\_\_\_ Fire: \_\_\_\_\_ Date: \_\_\_\_\_

## **Other agencies that you may need to contact before starting business:**

### **SALES TAX/SELLER'S PERMIT**

Sales or use tax may apply to your business activities. For general information, please contact the California Department of Tax and Administration:

3321 Power Inn Rd #210  
Sacramento, CA  
[www.cdtfa.ca.gov](http://www.cdtfa.ca.gov)  
1-800-400-7115

### **FEDERAL EMPLOYER ID NUMBER**

Internal Revenue Service

1700 Standiford Avenue (Monday-Friday - 8:30 a.m.- 4:30 p.m.)  
Modesto, CA 95350  
(209) 900-6760  
1-800-829-1040

### **STATE EMPLOYER ID NUMBER**

Employment Development Department

1-888-745-3886

### **FICTITIOUS BUSINESS NAME**

County Clerk/Recorder

1021 I Street  
Modesto, CA  
209-525-5250

### **STATE CONTRACTOR BOARD**

[www.cslb.ca.gov](http://www.cslb.ca.gov)  
1-800-321-2752

### **HEALTH PERMITS**

County Health Department

3800 Cornucopia Way, Suite C  
Modesto, CA  
209-525-6700

### **STANISLAUS COUNTY DEPARTMENT OF AGRICULTURE AND WEIGHTS & MEASURES**

3800 Cornucopia Way, Ste B  
Modesto, Ca 95358  
209-525-4730

### **NON-PROFIT** (Articles of Incorporation or letter from Secretary of State stating non-profit status)

Secretary of State

[www.ss.ca.gov](http://www.ss.ca.gov)  
916-653-7244

### **IMPORT/EXPORT**

U.S. Customs  
Import 1-877-227-5511 Export 1-800-872-8723

### **POLICE PERMITS**

Modesto Police Department

600-10<sup>th</sup> Street, first floor  
Modesto, CA  
209-572-9679

### **FRANCHISE TAX BOARD**

1-800-852-5711

### **STANISLAUS COUNTY CHILD CARE**

209-238-6400