



CITY OF CHOWCHILLA
BUSINESS LICENSE APPLICATION
OUT OF TOWN

130 S. Second St., Chowchilla, CA 93610
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- NEW APPLICATION FOR A BUSINESS NOT LOCATED IN THE CITY LIMITS OF CHOWCHILLA
CHANGE OF BUSINESS LOCATION (PREVIOUS ADDRESS):
NAME CHANGE OF BUSINESS:
Previous Business Name

BUSINESS NAME:

Address: City: State: Zip:

Phone Number: Business Start Date in Chowchilla:

MAILING ADDRESS (If different from the business location):

Address: City: State: Zip:

E-mail Address: Fax Number:

- Retail Service Contractor Profession Manufacturer Wholesale Other

DESCRIPTION OF BUSINESS / USE:
(If additional space is needed, attach separate sheet of paper.)

BUSINESS TYPE: Sole Proprietor Partnership LLC Non Profit Corporation
If a corporation, please provide a separate sheet of paper listing officers and their contact information.

Current Year Estimated Gross Receipts in Chowchilla \$
(CMC Chapter 5.08)

TAX INFORMATION:

Federal Tax I.D. #: State Tax I.D. #: State Board of Equalization #:
(Resale)

Permit #)
State Contractors License #: Exp. Date:

BUSINESS OWNER'S CONTACT INFORMATION - Sole Proprietor/Partnership

(Different then business information)

Name: Phone #:

Home Address: City: State: Zip:

Name: Phone #:

Home Address: City: State: Zip:

WARNING: FAILURE TO SECURE WORKERS COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO \$100,000 IN ADDITION TO THE COST OF COMPENSATION AND DAMAGES AS PROVIDED FOR IN SECTION 3700 OF THE LABOR CODE, INTEREST, AND ATTORNEYS FEES.

Please read and sign below:

I declare under penalty of perjury that the above information is true and correct to the best of my knowledge. I certify that I will operate my business in accordance with all applicable Federal, State, and City laws and regulations. I further understand that any false statements made herein are grounds for denial or revocation of my business license. I understand that the City of Chowchilla retains the right to request verification of my/our current year estimated annual income to ensure that I am paying the correct business license fee.

Signature: _____ Date: _____

Print Name: _____ Title: _____

PLEASE NOTE: A business license is permanent unless terminated or revoked. If you are no longer doing business or providing a service in the City of Chowchilla you must terminate your account in writing. If not, you will continue to be billed and be responsible for the amount that is due.
(_____) Initial

OFFICE USE ONLY

Business License Fee \$ _____ Application Fee \$ 28.00 ADA SB 1186 Fee \$ 4.00

Total Fees Due: \$ _____

Fees are subject to change and set by Council Resolution and/or the State of California.

Received by: _____ Approved Denied

Police Dept. Approval Special Approvals Needed Community Development Director

_____ Date _____