



CITY OF FOWLER

128 S. Fifth Steet
Fowler, CA 93625
Phone: 559.834.3113

BUSINESS LICENSE APPLICATION

Please Check One

- New Application
- Change of Owner
- Change of Address
- Change of Business Name
- Home Occupation (Attach Copy of Permit)
- Contractor

Business License Fee \$ _____
 State CASp Svc Fee \$ 4.00
 Amount Paid \$ _____
 Date Paid _____
 Business License No. _____
 Initials _____

Business Name/DBA _____
 Business Phone _____
 Website _____
 Email Address _____
 Public Phone No. _____
 Fax No. _____
 Business Location _____

Street Address (Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Type of Ownership Sole Proprietor Partnership Corporation (List Officers) _____

Owner/Contact #1 _____ Title _____

Business Phone No. _____ Home Phone _____ Cell Phone _____

Address _____

Owner/Contact #2 _____ Title _____

Business Phone No. _____ Home Phone _____ Cell Phone _____

Address _____

IN DETAIL, PROVIDE OPERATIONAL DESCRIPTION (if more space is needed, attach additional sheet)

Federal Tax ID # _____ Social Security # _____ (if no federal tax ID #)

State Board of Equalization # _____ State Resale License # _____

State Contractor License # _____ Expiration Date _____

SEE REVERSE OF FORM FOR FURTHER INFORMATION

I HAVE employees and maintain Worker's Compensation Insurance as required by Section 3700, California Labor Code.

of Employees: _____ WC Carrier: _____ Policy #: _____ Expires: _____

I DO NOT HAVE, or plan to have employees. Therefore, I am not required to maintain Workers' Compensation Insurance.

PLEASE READ, SIGN AND DATE

I understand this application does not license me to operate until I have fulfilled all requirements of the Fowler Municipal Code. I agree to conduct all phases of this business in conformance with all applicable laws, ordinances and regulations established for such business/profession.

Applicant's Signature: _____ Print Name: _____

Title: _____ Date: _____

MAKE CHECK PAYABLE TO THE CITY OF FOWLER.

THANK YOU FOR DOING BUSINESS IN THE CITY OF FOWLER

This application must be completed in full and returned **PRIOR** to conducting any business activity.

For businesses that have a **physical address** in the City of Fowler, approval from the Planning and Building Departments is required, and all applicable fees must be paid before a business license can be issued. Business cannot commence until premises have been inspected by Building, Fire and Community Development Departments if appropriate. If improper conditions are found, they must be corrected prior to opening for business.

The information requested is mandatory. This application will not be processed if the information required is incomplete. The information can be reported to the Franchise Tax Board, State Board of Equalization and/or the Internal Revenue Service.

A new application must be submitted whenever there is a change in ownership or location. Please notify this office immediately if there is any change in the mailing address or operating status of your business.

NOTICE: Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:

The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx
The Department of Rehabilitation at www.rehab.cahwnet.gov
The California Commission on Disability Access at www.cdda.ca.gov

FOR OFFICE USE ONLY

<u>ROUTE TO</u>	<u>APPROVED</u>	<u>*DISAPPROVED</u>	<u>DATE</u>
Building Department	_____	_____	_____
Planning Department	_____	_____	_____

*Please state the reason(s) business license cannot be approved or requirements for approval:

