



CITY OF FOWLER

128 S. 5th Street
Fowler CA 93625
(559) 834-3113 Fax (559) 834-0185

BUSINESS LICENSE APPLICATION

BUSINESS NAME: _____ BUSINESS PHONE: _____

BUSINESS LOCATION: _____

Street Address

City

State

Zip

MAILING ADDRESS: _____

Street Address

City

State

Zip

TYPE OF OWNERSHIP: [] Sole Proprietor [] Partnership [] Corporation (List Officers)

OWNER/CONTACT #1: _____ TITLE: _____ PHONE: _____

ADDRESS: _____

OWNER/CONTACT #2: _____ TITLE: _____ PHONE: _____

ADDRESS: _____

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

FEDERAL TAX ID#: _____ TAX ID#: _____ SS#: _____

STATE BOARD OF EQUALIZATION #: _____

STATE CONTRACTOR LICENSE #: _____ EXPIRATION DATE: _____

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

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

[] **DO NOT HAVE**, or plan to have, employees. Therefore I am not required to maintain Worker's Compensation Insurance.

By signing this form, I am confirming that I have verified the information listed. I am aware that my business cannot commence until premises have been inspected by Building, Fire, and Community Development Department if appropriate. If improper conditions are found, they must be corrected prior to opening for business.

Applicant's Signature: _____ Title: _____ Date: _____

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 Fire, Police, Planning, and Building Departments is required, and all applicable fees must be paid before a license can be issued.

The information requested is mandatory. This application will not be processed if the information required is incomplete. This 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.

FOR OFFICE USE ONLY

| <u>ROUTE TO:</u> | <u>APPROVED:</u> | <u>*DISAPPROVED:</u> | <u>DATE:</u> |
|---------------------|------------------|----------------------|--------------|
| Fire Department | _____ | _____ | _____ |
| Police Department | _____ | _____ | _____ |
| Planning Department | _____ | _____ | _____ |
| Building Department | _____ | _____ | _____ |

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