



**COUNTY OF MADERA
COMMUNITY AND ECONOMIC DEVELOPMENT**

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BUSINESS LICENSE PERMIT INFORMATION AND PROCEDURE

INTRODUCTION

County Ordinance, Section 5.04.050, states that no person shall maintain, conduct or carry on a business, whether or not for profit, within the county of Madera and outside the limits of any incorporated city without first obtaining a business license. No person shall establish a new or additional business location, change or expand the business use of any building or participate in a change of business ownership without first obtaining a new license.

PROCEDURE

1. The Planning, Engineering and Environmental Health Departments assist the Treasurer/Tax Collector in processing Business Licenses by reviewing applications for compliance with County Codes before a license is issued. If your business is required to have a health permit your application will also be reviewed by the Environmental Health Division.
2. To obtain a new Business License you need to submit to the Community and Economic Development (CED), at the address listed above, the ENTIRE APPLICATION COMPLETELY FILLED IN. Indicate Not Applicable (N/A) where appropriate. A non-refundable check payable to Madera County for \$148.00 is required to begin the review process. (\$41.00 License Fee, \$107.00 review fee and \$1.00 SB1186).
3. You will need to obtain a parcel number from the Madera County Assessor's Office if your business is located in Madera County. The number may be found on your yearly tax bill or obtained by contacting the County Assessor's Office at (559) 675-7710. It is your responsibility to be sure you have the correct APN prior to submitting an application.
4. If you have one or more employees, you must also obtain Workers Compensation Insurance. Please include the carrier name and policy number in the space provided labeled DECLARATION.
5. If you are a contractor, sub contractor or specialty contractor you will need to include your contractor's license number on the application.
6. A valid Business License will be prepared and mailed to you through the Treasurer/Tax Collector's office after the Planning Division has approved and submitted your application to the Treasurer/Tax Collector's office.

INFORMATION

If your application is denied for any reason the \$41.00 Business License Fee will be refunded to you by the Planning Division with the denial notice. For licenses issued prior to January 1, 2014, licenses shall be renewed prior to or on January 31 of the year following license expiration. For licenses issued after January 1, 2014, licenses shall be renewed prior to or on the last day of the month following the month of license expiration.

After the last day of the month following the month of license expiration, license renewals shall be delinquent. The license collector shall send a delinquent notice to each delinquent business license holder and shall add a charge of forty dollars per license to the license renewal fee. The forty dollars delinquent fee shall be due and payable along with the annual renewal fee and shall be immediately due upon mailing of the delinquent notice.

If a license is not renewed within 60 days of the due date the license will expire and a NEW application will have to be processed through the Resource Management Agency. A Business License is NON-TRANSFERABLE. It becomes void when a CHANGE OF ADDRESS or OWNERSHIP occurs. Moreover, a CHANGE OF ADDRESS or OWNERSHIP will be treated as a NEW application and the \$107.00 review fee and \$41.00 license fee will apply.

If you have a change of address or ownership you must contact the Planning Department immediately and complete another application. The application process needs to be approved by the Planning Department again before issuing another license.

If you close your business it is your responsibility to notify the Tax Collector office. If you fail to do so, you will be in violation of County Ordinance #475. The ordinance requires compliance with all applicable legal requirements in obtaining or disposing of a Business License.

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 and the California Commission on Disability Access at www.cdda.ca.gov. (SB1186)

Signature



County of Madera

Business License Permit Application

Date of Application: _____

- New Application
- Replacing Existing Permit

Ownership Type?

- Proprietorship
- Partnership
- Corporation
- Other _____

Business Description?

- Retail Service
- Wholesale Ag Related Service
- Industrial Home Occupation
- Lodging – Hotel/Motel

Type of Business (please explain): _____

Business Name: _____

Name of All Business Owners: _____

Mailing Address: _____

City: _____ State _____ Zip Code _____

Business Address: _____

City: _____ State _____ Zip Code _____

Residence Phone #: _____ Business Phone #: _____

APN # _____ (Call Assessor for APN number (559)675-7710) Resale #: _____

Contractor License #: _____ Tax ID or SS#: _____

Health Permit Required? Yes No (If yes, furnish a copy) Workers Compensation Required? Yes No

WORKERS COMPENSATION DECLARATION

- I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided by Labor Code, section 3700, for the duration of any business activities conducted for which this permit is issued.
- I have and will maintain workers' compensation insurance as required by Labor Code, section 3700, for the duration of any business activities conducted for which this permit is issued.

My workers' compensation insurance carrier and policy numbers are:

Carrier Name: _____ Policy #: _____

ANY CHANGE TO THE ABOVE INFORMATION REQUIRES A NEW APPLICATION

Have you received permits to comply with the following: (check those that apply)

- Fire Codes Health Regulations Planning Codes Building Occupancy Requirements

I certify under penalty of perjury that these statements are true to the best of my ability.

Signature of Applicant: _____ Title _____

Sales or use tax may apply to your business activities. You may seek written advice regarding the application of sales tax to your particular business by writing to the nearest State Board of Equalization.

Make additional copies for: Tax Collector Assessor

NON-TRANSFERABLE

NO REFUNDS



MADERA COUNTY
Home Occupation/Cottage Industry
Business License Questionnaire

Business Name: _____ Assessor's Parcel Number: _____

Business Address (include unit or suite #) _____

Contact Name: _____ Phone: _____

Email: _____ Fax: _____

D Home Occupation

D Cottage Industry Permit

1. In order to assist you in the process of your application, please give a detailed description of the type of business and equipment you will be operating in Madera County, providing details of business activities. Please write legibly, being very specific in your description. You may attach additional pages if needed. _____

2. Do you produce a product? Yes D No D
If yes, explain _____
3. Will customers visit your home? Yes D No D
4. Number of employees: _____
Does the business employ anyone other than members of the resident family? Yes D No D
5. How many parking spaces are located at the residence? _____
6. Are any goods to be sold on site? Yes D No D
7. Where will supplies/equipment be stored? _____
8. Will you be placing a sign on the property to advertise the business? Yes D No D
9. Will trucks, trailers, or other equipment be used in your business? Yes D No D
 - a) What is the vehicle type? _____
 - b) How many vehicles? _____
 - c) Does the vehicle exceed 1½ ton carrying capacity? Yes D No D
 - d) Address of storage location when not in use. _____
10. Will the building be used for education instruction, daycare, worship or dining? Yes D No D
If yes, how many will be attending? _____
11. Will this "Home Occupation" involve the use of commercial vehicles for the delivery of materials to or from the premises? Yes D No D
If yes, please explain and include the frequency of deliveries or pickups. _____

12. Is this an existing business that is relocating? Yes D No D
 If yes, please explain. _____
13. Total area of the dwelling devoted to the home occupation: _____ square feet.
 Number of rooms in the dwelling devoted to the home occupation: _____.
 Percent (%) of the total area of the dwelling devoted to the home occupation: _____.
14. Does the business involve any food or liquor products? Yes D No D
 If yes, provide the type of food or liquor product name. _____

DECLARATION

I hereby certify and say under penalty of perjury that I am the applicant in the foregoing application that I have read this Business License Questionnaire and know the content thereof and that the herein stated information and all attachments hereto are true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____

The payment of a license fee required by the provisions of the Madera County Code and its acceptance by the County, and the issuance of such license to any person shall not entitle the holder thereof to carry on any business unless it has complied with all the requirements of the Madera County Code, California Fire Code, California Building Code, and all other applicable laws, nor to carry on any business in any building or on any premises designated on 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.



**MADERA COUNTY
Commercial/Industrial
Business License Questionnaire**

Business Name: _____ Building/Unit Size (in Sq-Ft): _____

Business Address (include unit or suite #) _____

Contact Name: _____ Phone: _____

Email: _____ Fax: _____

Please answer each of the questions listed below. Fully describe/explain all yes answers on a separate sheet if space is not available.

1. In order to assist you in the process of your application, please give a detailed description of the type of business and equipment you will be operating in Madera County, providing details of business activities. Please write legibly, being very specific in your description. You may attach additional pages if needed. _____

Yes No

2. Is this an existing business?
If yes, Change in Name Change in Ownership Change in Location. If yes, previous location _____
3. Will the business operation include any work use or storage conducted outside of a wholly enclosed building?
If yes, please explain _____
4. Will the business include any type of adult entertainment?
If yes, please explain _____
5. Will the business be discharging any waste other than domestic waste to the sewer system?
6. Will the business include the use or storage of any acetylene or arc welding or cutting?
7. Will the business include any processing, handling, storage or discharge of chemicals including hazardous chemicals and solvents?
8. Will the business generate any hazardous waste at this site?
If yes, please list type and quantity _____
9. Will the business operation include the storage of more than 5 gallons of a flammable liquid of any type?
If yes, how many gallons? _____
10. Will the business operation include spray painting or powder coating?
11. Will the business operation include the repair or maintenance of motor vehicles?
12. Will the business operation include the washing of any equipment or vehicles?

- D D 13. Will the building be used for education instruction, daycare, worship or dining? If yes, please explain_____
- D D 14. Will the business operation include selling or serving alcoholic beverages?
- D D 15. Will the business have an outdoor patio where alcoholic beverages are served? (EH)
- D D 16. Will the business operation include the preparation of food or beverages?
- D D 17. Will the business operation include entertainment including but not limited to live performances (bands, amplified sound, DJ;s etc.) dancing or other?
- D D 18. Will there be any placement of machinery, equipment or outdoor storage? If yes, please explain_____
- D D 19. Will the business operation include discharging any waste wastewater or rinse water to the ground street or storm drain?
- D D 20. Is the on-site sewer system equipped with a clarifier or grease trap? (EH) If so, what size?_____.
- D D 21. Are you aware of any County Code violations on the property that have not been resolved?
- D D 22. Will the business be utilizing outdoor trailers, containers or temporary buildings? If yes, please explain_____
- D D 23. Have you done or will you be doing any building construction or alterations or equipment installations related to the operation of the business?
- D D 24. Will your business distribute medical marijuana as part of its services?

DECLARATION

I hereby certify and say under penalty of perjury that I am the applicant in the foregoing application that I have read this Business License Questionnaire and know the content thereof and that the herein stated information and all attachments hereto are true and correct to the best of my knowledge and belief.

Signature:_____Date:_____

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MADERA COUNTY
Out of County
Business License Questionnaire

Business Name: _____

Business Address (include unit or suite #) _____

Contact Name: _____ Phone: _____

Email: _____ Fax: _____

1. In order to assist you in the process of your application, please give a detailed description of the type of business and equipment you will be operating in Madera County, providing details of business activities. Please write legibly, being very specific in your description. You may attach additional pages if needed. _____

DECLARATION

I hereby certify and say under penalty of perjury that I am the applicant in the foregoing application that I have read this Business License Questionnaire and know the content thereof and that the herein stated information and all attachments hereto are true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____

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