



CITY OF COALINGA
BUSINESS LICENSE/
HOME OCCUPATION APPLICATION
 155 W. Durian Street Coalinga, CA 93210
 Phone: (559) 935-1531 Fax: (559) 935-0995

- Business Type: (Check all that apply)**
- GENERAL (\$29.00)
 - HOME OCCUPATION (\$100.00)
 - CONTRACTOR (\$54.00)
 - PROFESSIONAL (\$44.00)
 - NON-PROFIT
 - OTHER

BUSINESS NAME: _____

APPLICANT NAME: _____ **BUSINESS PHONE#** _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

FEDERAL TAXPAYER I.D./S.S. #: _____ **SALES TAX I.D. #** _____

DESCRIBE BUSINESS ACTIVITY _____
FOR HOME OCCUPATION: PLEASE COMPLETE A QUESTIONNAIRE

OWNERSHIP STATUS: Sole Proprietor Corporation Partnership

OPENING DATE OF BUSINESS: _____

KIND OF BUSINESS (Check all that apply)

- Retail Manufacturing Contractor Real Estate Leasing/Rentals
- Wholesale Services Door to Door Solicitation Financial/Insurance
- Restaurant Professional Office Dental/Medical Other _____

OWNER/MANAGER NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____ **PHONE** _____

AFFIDAVIT: I declare, under penalty of making false affidavit, that this application is made by me, that I am authorized to make such an application, that to the best of my knowledge and belief, it is a true, correct and complete application made in good faith, pursuant to the provisions of the Business License Ordinance of the City of Coalinga.

Signature

Date

FOR HOME OCCUPATION APPLICANTS ONLY!

AFFIDAVIT: I, the undersigned, hereby certify that I have read and understand the provisions attached pertaining to the establishment of a Home Occupation and agree that I will operate my business within the provisions prescribed by Sec. 9-2.3001 of the Coalinga Municipal Code:

Signature

Date

FOR OFFICIAL USE ONLY!

License No. _____	General _____	Planning _____
Date Received _____	Professional _____	Building _____
Paid _____	Contractor _____	Fire _____
Expiration _____	Home Occup. _____	Police _____
Home Occupation Approved by: _____	Date: _____	
Business License Application Approved by: _____	Date: _____	

WORKER'S COMPENSATION DECLARATION

I hereby affirm, under penalty of perjury, one of the following declarations:

_____ I have and will maintain a certificate of consent to self-insure for worker's compensation, as provided by Section 3700, for the duration of any business activities conducted for which this license is issued.

_____ I have and will maintain worker's compensation insurance, as required by Section 3700, for the duration of any business activities conducted for which this license is issued.

My worker's compensation insurance carrier, policy number, and expiration date are:

Carrier _____

Policy Number _____

Expiration Date _____

_____ I certify that in the performance of any business activities for which this license is issued I shall not employ any person in any manner so as to become subject to the worker's compensation laws of California, and agree that if I should become subject to the worker's compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with the provisions of Section 3700.

Signed _____ Date _____

Business Name _____ Telephone _____

Address _____

WARNING: Failure to secure worker's 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, damages as provided for in Section 3700 of the Labor Code, interest and attorney's fees.



**CITY OF COALINGA
BUSINESS LICENSE INFORMATION**

155 W. Durian
Coalinga, CA 93210
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Thank you for your interest in conducting business with the City of Coalinga. Ordinance 546 of the City of Coalinga Code requires that any person who conducts, operates, or engages in any business activities within the city shall obtain a City of Coalinga business license. The term "business" shall include all activities engaged in or caused to be engaged in within this City with the object of gain, benefit or advantage, whether direct or indirect, to the taxpayer or to another or to others, but shall not include the services rendered by an employee to this employer or a casual or isolated transaction. "Engaging in Business" shall mean commencing, conducting or continuing in business and liquidating a business when the liquidators thereof hold themselves out to the public as conducting such business.

LICENSE FEE

All annual business tax certificates issued under Ordinance 546, except the first certificate issued to newly established businesses, shall be considered to be issued on January 1st of each year and shall expire on December 31st of the same year.

Unless exempted, the business license fee for any Business to be operated within the City of Coalinga shall be \$26.00 unless modified by Resolution of the City Council.

UPON THE SALE OR TRANSFER

No certificate granted or issued under the Business Tax provisions of this article shall be in any manner transferred or assigned, or authorize any person other than the person named in the certificate to carry on the business therein named or to transact such business at any place other than the place or location therein named without the written consent of the Finance Director endorsed thereon. **At the time such certificate is assigned or transferred on the place of location for the carrying on of such business is changed, the person applying for such transfer or change shall pay to the Finance Department a fee of \$25.00 for each assignment or transfer.**

PENALTY FOR NONPAYMENT OF ANNUAL BUSINESS TAX

Every annual business tax or registration fee renewal which is not paid on or before March 1st of each year, or within fifteen (15) days after commencing business for a newly established business, is hereby declared delinquent, and the Finance Department shall thereupon add to said business tax registration fee and collect a penalty of twenty-five (25) percent of the tax so delinquent. In addition to the penalties imposed, any person who fails to remit any business tax shall pay interest at the rate of one and one-half percent (1 ½%) per month.

DOCUMENTS REQUIRED TO OBTAIN A CITY LICENSE

The following documents (if applicable to your business) are needed when submitting an application for a City license:

- Fictitious Name Statement- For information on how to file, call Fresno Co. Clerks Office at **(559) 488-3003**
- Seller's Permit – For information on how to obtain a permit, call State of CA Board of Equalization at **(800) 400-7115**
- Worker's Compensation Insurance Certificate
- Health Department Inspection Report/License
- Copy of Contractor's License

TRANSFER, SALE OF BUSINESS OR NEW BUSINESS

(Does not apply to Home Occupation Businesses)

You are required to set up an inspection with the Building and Fire Department Inspector prior to operation of business. A business license will be issued upon approval of inspections.

NOTE: Neither the filing of an application nor payment of the license fee shall authorize a person to engage in or conduct business activities until such license has been granted.

IMPORTANT NUMBERS FOR A NEW BUSINESS

FICTITIOUS NAME STATEMENT:

FRESNO COUNTY CLERK'S OFFICE

2221 KERN STREET

FRESNO, CA 93721 (559) 600-2575

www.co.fresno.ca.us

(Needed if you will be using any name other than the owner's full legal name for the business)

SELLER'S PERMIT:

STATE BOARD OF EQUALIZATION

8050 N. PALM AVENUE, STE 205

FRESNO, CA 93711 (559) 440-5330

www.boe.ca.gov/info/reg.htm

TAX ID:

FRANCHISE TAX BOARD

2550 MARIPOSA ST., RM 3002 (service counters are closed)

FRESNO, CA 93720

P.O. BOX 307

RANCHO CORDOVA, CA 95741-0307 (800)333-0505

www.ftb.ca.gov

(Needed to file taxes, if not using social security number)

HEALTH INSPECTION PERMIT:

COUNTY OF FRESNO ENVIRONMENTAL HEALTH

1221 FULTON MALL

FRESNO, CA 93721 (559) 600-3200

www.co.fresno.ca.us

(Needed if opening up a restaurant or preparation/handling of food)

ABC:

ALCOHOL BEVERAGE CONTROL

3640 E. ASHLAN AVE.

FRESNO, CA 93726 (559) 225-6334

www.abc.ca.gov

(Needed to serve alcohol)

CORPORATIONS:

SECRETARY OF STATE -BUSINESS PROGRAMS DIVISION

1500 11TH STREET

SACRAMENTO, CA 95814 (916) 657-5448

www.sos.ca.gov

(Needed if you would like to incorporate your business)