



CITY OF NEWMAN BUSINESS LICENSE APPLICATION

BUSINESS LICENSE FEE IS \$76.00 PER FISCAL YEAR
(Includes a State Mandated Fee of \$1.00); Both Are Non-Refundable.
OCCUPANCY INSPECTION FEE IS \$40.00
(For Businesses Inside the Newman City Limits - Home Occupations Are Excluded).
Fees are Prorated from April-June, Call (209) 862-3725, Option 2 for Amount.

OFFICE USE ONLY

BL#: _____

Ck. # _____ Cash

CC # _____

Date: _____ Initials: _____

Amount Paid: _____

State of California – SB1186 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

GENERAL INFORMATION

OWNER/ENTITY NAME		BUSINESS NAME (DBA)		IS THE BUSINESS DONE IN YOUR HOME? <input type="checkbox"/> Y <input type="checkbox"/> N	
				LOCATED INSIDE CITY LIMITS? <input type="checkbox"/> Y <input type="checkbox"/> N	
				WILL YOU BE SELLING DOOR-TO-DOOR? <input type="checkbox"/> Y <input type="checkbox"/> N	
TYPE OF BUSINESS (BE SPECIFIC)				E-MAIL:	
BUSINESS ADDRESS		CITY	STATE	ZIP	TELEPHONE () -
MAILING ADDRESS (if same write SAME)		CITY	STATE	ZIP	TELEPHONE () -
<input type="checkbox"/> New Business <input type="checkbox"/> Address Change <input type="checkbox"/> Ownership Change		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit			

BUSINESS OPERATIONS INFORMATION

START DATE	RESALE # (BEAN)	
FEDERAL TAX ID # (FEIN)	STATE TAX ID # (SEIN)	STATE CONTRACTORS LICENSE #

FOOD/ALCOHOL/TOBACCO/ENTERTAINMENT	SERVICES	
1.) Do you plan to sell or serve food? (Includes pre-packaged) <input type="checkbox"/> Y <input type="checkbox"/> N If yes, must be inspected by Stanislaus County Environmental Resources Dept. a. If serving food, how many seats? _____	7.) Will you offer massage, tanning, herbal therapy or any other services that improve the health or well-being of another? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, CA CMT/CMP Certification # and/or DCA License # required.	
2.) Is the business a Cottage Food Operation? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, a Class A or B CFO Registration and Food Handler Card shall be obtained from Stanislaus County (per AB 1616 and SB 602) prior to Business License Issuance.	8.) Will you offer tattoos, body piercings, or permanent cosmetics? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, Stanislaus County registration is required per AB 300.	
3.) Do you plan to sell or serve alcoholic beverages? <input type="checkbox"/> Y <input type="checkbox"/> N a. ABC License number: _____ Type: _____ b. Conditions Included: (If yes, please attach to application) <input type="checkbox"/> Y <input type="checkbox"/> N	9.) Will you deal in coins, firearms, jewels or second-hand property? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, a second-hand dealer's permit is required.	
4.) Does your business have amusement machines, video games, vending machines, jukebox and/or pool tables? <input type="checkbox"/> Y <input type="checkbox"/> N a. How many: _____ Type: _____ Owner: _____	10.) Will you be operating a Taxi service? <input type="checkbox"/> Y <input type="checkbox"/> N	
5.) Do you plan to sell tobacco products? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, NMC §8.03 acknowledgment required.	BUILDING AND FACILITY INFORMATION	
6.) Will you have (check all that apply): <input type="checkbox"/> Music <input type="checkbox"/> Dancing <input type="checkbox"/> Performers <input type="checkbox"/> Adult Entertainment* *Is the business an "Adult Business" as defined in NMC §3.13.020? <input type="checkbox"/> Y <input type="checkbox"/> N	11.) Do you plan on utilizing signage for your business? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, a sign permit is required. Please note that no sign may be erected, placed, established, painted, created, or maintained in the City except in conformance with the sign standards under NMC §5.18.	
	12.) Do you plan on making any changes to the interior/exterior of the building? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, Building Permit(s) and Architectural Review may be required.	
	Property Owner's Name: _____ Business sq. ft.: _____ # of off-street parking spaces: _____ Do you: <input type="checkbox"/> Own or <input type="checkbox"/> Rent/Lease your business property?	

ACKNOWLEDGMENT TO BE COMPLETED BY OWNER OR AUTHORIZED AGENT

I certify to the best of my knowledge that all the information is correct and true. I also understand that I must obtain all necessary approvals and submit payment before starting the business. Submission of an application containing false or fictitious information may be grounds for license revocation.

Name _____ Signature _____ Date _____
(Please Print)

EMERGENCY CONTACT INFORMATION FOR BUSINESSES LOCATED WITHIN THE CITY LIMITS (NOT HOME OCCUPATIONS)

NAME/RELATIONSHIP	TELEPHONE () --
NAME/RELATIONSHIP	TELEPHONE () --

FINANCE DEPARTMENT

Inspections Required:

Customer # _____ Lot # _____

Building Department Date faxed: _____

Comments: _____

Fire Department FBNS

Health Department Date faxed: _____

Public Works Approved: Y N _____

PLANNING DEPARTMENT

Approved Denied

Parcel Zoning: _____

Comments/Conditions: _____

Required City Permits/Licenses

- Adult Business Permit Building Permit
- Card/Pool/Billiard Room License Solicitor's License
- Home Occupation Permit Sign Permit
- Second Hand Dealers Permit Taxi License

Signature _____

Required Documents

- NMC §8.03 Acknowledgement AB 300 Registration
- CFO Registration/Food Handler Card ARC Approval
- CMT/CMP Certificate # CA DCA License #

Date _____

POLICE DEPARTMENT

Approved Denied

Comments: _____

Signature _____

Date _____

BUILDING DEPARTMENT

Approved Denied

Comments: _____

Signature _____

Date _____

FIRE DEPARTMENT

Approved Denied

Comments: _____

Signature _____

Date _____
