



BUSINESS LICENSE APPLICATION

City of Arvin

200 Campus Dr., P. O Box 548
Arvin, CA 93203

Phone (661) 854-3134 Fax (661) 854-0817

For Office Use Only

ID: _____

Bus. Lic. # _____

Fee Schedule:

BUSINESSES LOCATED INSIDE ARVIN (includes \$4.00 tax fee)

Five (5) or less employees	\$54.00
Six (6) to twenty- four (24) employees	\$104.00
Twenty-five (25) or more employees	\$254.00

BUSINESSES LOCATED OUTSIDE OF ARVIN (includes \$4.00 tax fee):

All businesses located outside Arvin \$54.00

Other Fees:

Building Inspection Fee	\$50.00
Zoning Clearance Fee:	\$50.00

YEAR OF APPLICATION _____

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.ccca.ca.gov.

Business license fees are due January 1st of each year. If the appropriate fee is not paid within 30 days, a penalty of 50% of the original fee will be added. If the new total fee is not paid within another 30 days, an additional penalty of 100% of the original fee will be added (excludes the \$4.00 tax fee). New applicants filing for licenses after July 1st will be charged 50% of the otherwise applicable fee.

NEW APPLICATION **RENEWAL APPLICATION**

Check one: Sole Proprietor Partnership Corporation Other: _____

COMPLETE BOTH SIDES IN DETAIL – PLEASE TYPE OR PRINT CLEARLY

Business Name _____

Business Location _____

(No P.O. Box)

Address _____ Email _____

City _____ State _____ Zip _____

Business Description _____

Mailing Address _____

(If different from physical)

Address _____

City _____ State _____ Zip _____

Business Phone _____ **Business Fax** _____ **Other/Mobile** _____

How many employees does your organization have? _____ **How many of these employees are family members?** _____

If Primary Business location is outside of the City of Arvin, how many employees operate in the City? _____

Will you be selling or serving alcoholic beverages at your business? Yes No

Note: If yes, an RBS Certificate is required for employees/owners selling/serving alcohol. A copy of the RBS Certificate must be provided to the City Clerk.

Has there has been an address change or physical modification to the building? Yes No

If your business is located in the City of Arvin, are you conducting business from your home? Yes No

Note: If yes, a Home Occupation Permit is required and must be completed if not already on file with the City of Arvin.

Business Description: (Check Only One)

- Retail Sales --To sell or offer goods, wares or merchandise**
- Contractor -- A person, not an employee of another, who is licensed by the State & submits a bid to perform service for another.**
- Professional Services -- Business providing professional, technical or other service.**
- Wholesale/Industry Business conducted solely to sell goods and services in wholesale lots to other businesses engaged in fabrication or processing; public utilities.**
- Manufacturing ----- Business conducted to make or process goods using industrial machinery.**
- Automobile Dealer ----- Business engaged in the sale of new or used automobiles**
- Other ----- All other businesses not otherwise classified in the above categories.**

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Org. Fee Paid: _____ + Late Fee _____ + Fee Ins. Fee _____ + Zoning Clearance Fee _____ For Year(s) _____

Date Paid: _____ Cash _____, CC# & Type _____ OR Check/MO # _____ Receipt # _____

Please provide the following tax, license and/or permit numbers pertaining to the business if applicable.

Federal Tax ID# _____ CA Sellers Permit# _____
CA Contractor License# _____ Bureau of Automotive Repair License# _____
CA State Private Patrol / Branch License# _____ CA State Health Department Certificate# _____
Alcohol Beverage Control License# _____ CA State Day Care Provider Certificate # _____
RBS Cert. # _____

Enter Names, Residential Address and Personal Identification of Owners, Partners or Corporate Officers.

Owner Name _____ Phone () _____
Home Address _____ Cell () _____
_____ Other () _____
City State Zip

Contact & Emergency Information:

This information will assist the Police Department and other City Agencies to provide emergency assistance.

Name _____ Address _____
Phone Number _____ Cell/Other Number _____

NOTICE: Issuance of a business license does not allow you to engage in a business whose operation would be in violation of other City Ordinances. Chapter 5.04 of the Arvin Municipal Code states that licenses are subject to all City regulations, including those pertaining to health and safety, use of property, and zoning. You are urged to check with the appropriate City Departments and other regulatory agencies for further information about compliance with other laws and regulations prior to paying for your licenses.

I certify, or declare, under penalty of perjury that the foregoing is true and correct.

X _____
Applicants Signature Applicants Title Date

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OFFICE OF THE CITY CLERK

APPROVED: _____ ***DENIED** _____

City Clerk: _____ **Date:** _____
Signature

***Please refer to Arvin Municipal Code 5.04.080 for information regarding the Appeal of Refusal Procedure.**

For City Use Only

Police Department: _____ **Date:** _____
Signature of Department Official Print Name
Building Inspector: _____ **Date:** _____
Signature of Department Official Print Name
City Planner: _____ **Date:** _____
Signature of Department Official Print Name