

City of Dinuba 1088 E. Kamm Avenue Dinuba, CA 93618

(559) 591-5906 FAX (559) 591-5923 EMAIL: mrenteria@dinuba.ca.gov

Business License Application

Important notice on the other side of this form

Business Name:	Date:				
Business Address:					
Business Mailing Address:					
Business Phone:					
Email Address:					
Business Description:					
Business Type: Wholesale () Retail () Manufa	acturing () Service ()				
Federal I.D. or Social Security Number:					
State Identification Number:					
Will alcohol beverages be sold or served on premises Will there be a burglary and/or robbery alarm system					
Ownership Type: Individual () Partr	nership () Corporation () LLC ()				
Managers Name:	Phone No.:				
Owner Name: Owner Name:					
Home Address:	City/State/Zip: Home Phone: Date of Birth:				
City/State/Zip:					
Home Phone:					
Date of Birth:					
Drivers License:					
The City of Dinuba requires a certificate of Workers Compensation, n If you don't have worker's compensation insurance, or you do not ha Worker's Compensation Carrier:	ave employees, please sign the waiver on the other side of form.	erating within the City.			
Policy Number:	Expiration:				
I HEREBY CERTIFY UNDER PENALTY OF PERJURY THA OF MY KNOWLEDGE AND BELIEF.	AT THE ABOVE INFORMATION IS TRUE AND CORR	ECT TO THE BEST			
Signature:	Date:				
C	OFFICE USE ONLY				
Category Code	<u>Description</u>	<u>Amount</u>			
	Business License				
License #	SB 1186				
	Total Fees				

IMPORTANT NOTICE TO APPLICANT

activity. Section 5.12.100 b states, "failur day any business is carried on transacted, a	and returned to Public Works at least ten (10) days PRIG e to make application for a license for a newly establish penalty of twenty-five percent of the license tax or ten by days from the first day any business is carried on trans, whichever is more shall be added."	hed business on or before the first n dollars, whichever is more, shall
•	his application will not be processed if the information se Tax Board, State Board of Equalization and/or Interr	
FEES √ Upon receipt of your application	on, you will be a charged based on the schedule on pag	·
I certify that I have read and understand th	(initials)	
ACKNOWLEDGMENTS		
business at all times. I understand and acknowledge Department and all fees have been paid an in accordance with the City of Dinuba Mun	ne business owner's compliance with all Federal, State a nowledge that a business license will not be issued unti d all inspections have been cleared, which include Build icipal Code, Chapter 5.04 and Chapter 1.12. I further a ange in ownership or location. I will notify this office in my business.	l authorized by the Public Works ding, Fire, and Police Departments cknowledge that a new application
Signature	Date	<u> </u>
	WORKER'S COMPENSATION WAIVER	
CERTIFIC	CATE PURSUANT TO CALIFORNIA LABOR CODE SECTION 371	1
	NO EMPLOYEES SUBJECT TO LAW	
I, the undersigned, shall not employ any person	in any manner so as to become subject to the Worker's Com	pensation Law of California
	vs of the State of California that the foregoing is true, and cor	
Signature		Business Name
	FOR FURTHER INFORMATION REGARDING:	
Sales Tax Permit (Resale License)	State Board of Equalization	800-400-7115
State Employer's ID Number	Employment Development Department	888-745-3886
Federal Employer's ID Number	Internal revenue Service	559-443-7741
Fictitious Business Name Filing	Tulare County Clerk	(559) 636-5051
Tulare County Environmental Health	Tulare County Environmental Health	(559) 624-7400
Alcoholic Beverage Control Department	State of California Alcoholic Beverage Dept.	(559) 225-6334



City of Dinuba **Business License Application** Supplement

GENERAL CONTRACTOR/SUB-CONTRACTOR

Business Name:						
		<u>Lio</u>	censing Inform	ation_		
State Contracto	or's License:					
State Classificat	ion Code(s):					
	ration Date:	•				
LXPII	ration bate.					
		<u>Wo</u>	rkers' Compen	<u>sation</u>		
=	/Sub-Contr	actor doing bu vaiver on the b	isiness within the	ation naming the City of City. If you do not has ss License Application	ve employe	
General	Contracto	r: \$82.25		Sub-Con	tractor: \$43	.50
(Classified as "A" or "B")		(Classified as "C" or "D")				
Pro-Rated Fees			Pro-Rated Fees			
August	-	75.73		August	-	40.21
September	-	69.21		September	-	36.92
October	-	62.69		October	-	33.63
November	-	56.17		November	-	30.33
December	-	49.65		December	-	27.04
January	-	43.13		January	-	23.75
February	-	36.60		February	-	20.46
March	-	30.08		March	-	17.17
April	-	23.56		April	-	13.88
May	-	17.04		May	-	10.58
June	-	10.52		June	-	7.29
			Office Use Only	1		
Contractor's License V	erified:		Date		ied By	
Norkers' Compensatio	on Varifiad:		Date	verii	іеи бу	
vorkers Compensation	ii verilled:		Date	Verif	Verified By	

California Government Code Section 4469

On September 19, 2012 Governor Brown signed into law SB-1186 which adds a state fee of \$1.00 on any applicant for a local business license or similar instrument or permit, or renewal thereof. Effective January 1, 2018 this fee was increased to \$4.00. The purpose is to increase disability access and compliance with construction-related accessibility requirements and to develop educational resources for business in order to facilitate compliance with federal and state disability laws, as specified.

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 building 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.ccda.ca.gov