



City of Dinuba
1088 E. Kamm Avenue
Dinuba, CA 93618
(559) 591-5906 FAX (559) 591-5923

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 () Manufacturing () Service ()

Federal I.D. or Social Security Number: _____

State Identification Number: _____ Sales Tax No. _____

Will alcohol beverages be sold or served on premises: _____ YES _____ NO

Will there be a burglary and/or robbery alarm system: _____ YES _____ NO

Ownership Type: Individual () Partnership () Corporation () LLC ()

Managers Name: _____ Phone No.: _____

Owner Name: _____ Owner Name: _____

Home Address: _____ Home Address: _____

City/State/Zip: _____ City/State/Zip: _____

Home Phone: _____ Home Phone: _____

Date of Birth: _____ Date of Birth: _____

Drivers License: _____ Drivers License: _____

The City of Dinuba requires a certificate of Workers Compensation, naming the City of Dinuba as certificate holder on all businesses operating within the City. If you don't have worker's compensation insurance, or you do not have employees, please sign the waiver on the other side of form.

Worker's Compensation Carrier: _____

Policy Number: _____ Expiration: _____

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature: _____ Date: _____

OFFICE USE ONLY

Category Code	Description	Amount
Downtown Improvement District () Yes () No		
ZONE 1 () ZONE 2 ()		
Inspection Approval License # _____	Inspection Fees	_____
Planning Authorization: _____	Fire Dept. Fee	_____
Building Inspection: _____ CH _____	Business License	_____
Fire Inspection: _____	Downtown Fees	_____
Police Services: _____ AF _____	SB 1186	_____
Public Works Serv.: _____	Total Fees	_____
Public Works Director: _____		

IMPORTANT NOTICE TO APPLICANT

This application must be completed in full and returned to Public Works at least ten (10) days PRIOR to conducting any business activity. Section 5.12.100 b states, "....failure to make application for a license for a newly established business on or before the first day any business is carried on transacted, a penalty of twenty-five percent of the license tax or ten dollars, whichever is more, shall be added; and if not applied for within thirty days from the first day any business is carried on transacted, a penalty of twenty percent of the license tax or twenty dollars, whichever is more shall be added." _____ (initials)

The information requested is mandatory. This application will not be processed if the information required is incomplete. This information will be reported to the Franchise Tax Board, State Board of Equalization and/or Internal Revenue Service. _____ (initials)

FEES

- ✓ Upon receipt of your application, you will be a charged \$91.00 Building Inspection Fee.
- ✓ Upon receipt of your application, you will be charged a \$64.00 Fire Inspection Fee.
- ✓ If you rent or lease, you will be charged a \$208.00 Utility Deposit when you start utility services.
- ✓ If you are conducting business out of your home, you will be charged for a HOME Occupation Permit
- ✓ Business License Fee is based on gross receipts.
- ✓ If you are located in the Downtown Redevelopment District, you will be charged downtown fees.

I certify that I have read and understand the fees to the best of my ability. _____ (initials)

ACKNOWLEDGMENTS

This business license is conditioned upon the business owner's compliance with all Federal, State and Local statutes pertaining to the business at all times. I understand and acknowledge that a business license will not be issued until authorized by the Public Works Department and all fees have been paid and all inspections have been cleared, which include Building, Fire, and Police Departments in accordance with the City of Dinuba Municipal Code, Chapter 5.04 and Chapter 1.12. I further acknowledge that a new application MUST be submitted whenever there is a change in ownership or location. I will notify this office immediately if there is any change in the mailing address or operating status of my business.

Signature

Date

WORKER'S COMPENSATION WAIVER

CERTIFICATE PURSUANT TO CALIFORNIA LABOR CODE SECTION 3711

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 Compensation Law of California

I, declare under penalty of perjury under the laws of the State of California that the foregoing is true, and correct and that this declaration was executed on this _____ day of _____, 20____, in _____, California.

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: _____

Licensing Information

State Contractor's License: _____

State Classification Code(s): _____

Expiration Date: _____

Workers' Compensation

The City of Dinuba requires a certificate of Workers' Compensation naming the City as a certificate holder on a General Contractor/Sub-Contractor doing business within the City. If you do not have employees, please sign the waiver on the back of the Business License Application.

Business License Fee

General Contractor: \$82.25 (Classified as "A" or "B")			Sub-Contractor: \$43.50 (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

Contractor's License Verified: _____
Date Verified By

Workers' Compensation Verified: _____
Date 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](http://www.dgs.ca.gov/dsa/Home.aspx)
- [The Department of Rehabilitation at www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov)
- [The California Commission on Disability Access at www.cdda.ca.gov](http://www.cdda.ca.gov)