



COUNTY OF MADERA
OFFICE OF THE RESOURCE MANAGEMENT AGENCY
2037 W. Cleveland Ave., Madera, CA 93637
Telephone: (559) 661-6333 Fax: (559) 675-5203
e-mail: dhoskins@madera-county.com

BUSINESS LICENSE PERMIT INFORMATION AND PROCEDURE

INTRODUCTION

County Ordinance, Section 5.04.050, states that no person shall maintain, conduct or carry on a business, whether or not for profit, within the county of Madera and outside the limits of any incorporated city without first obtaining a business license. No person shall establish a new or additional business location, change or expand the business use of any building or participate in a change of business ownership without first obtaining a new license.

PROCEDURE

1. The Planning, Engineering and Environmental Health Departments assist the Treasurer/Tax Collector in processing Business Licenses by reviewing applications for compliance with County Codes before a license is issued. If your business is required to have a health permit your application will also be reviewed by the Environmental Health Department.
2. To obtain a new Business License you need to submit to the Resource Management Agency (RMA), at the address listed above, the ENTIRE APPLICATION COMPLETELY FILLED IN. Indicate Not Applicable (N/A) where appropriate. A non-refundable check payable to Madera County for \$147.00 is required to begin the review process. (\$40.00 License Fee, \$107.00 review fee).
3. You will need to obtain a parcel number from the Madera County Assessor's Office if your business is located in Madera County. The number may be found on your yearly tax bill or obtained by contacting the County Assessors Office at (559) 675-7710. It is your responsibility to be sure you have the correct APN prior to submitting an application.
4. If you have one or more employees, you must also obtain Workers Compensation Insurance. Please include the carrier name and policy number in the space provided labeled DECLARATION.
5. If you are a contractor, sub contractor or specialty contractor you will need to include your contractor's license number on the application.
6. A valid Business License will be prepared and mailed to you through the Treasurer/Tax Collector's office after the RMA has approved and submitted your application to the Treasurer/Tax Collector's office.

INFORMATION

If your application is denied for any reason the \$40.00 Business License Fee will be refunded to you by the Tax Collector's office with the denial notice.

A \$40.00 annual Business License renewal fee becomes due January 1st of each year. If a license is not renewed on or before January 31st the license will expire and a NEW application will have to be processed through the Resource Management Agency.

A Business License is NON-TRANSFERABLE. It becomes void when a CHANGE OF ADDRESS or OWNERSHIP occurs. Moreover, a CHANGE OF ADDRESS or OWNERSHIP will be treated as a NEW application and the \$107.00 review fee and \$40.00 license fee will apply.

If you have a change of address or ownership you must contact the Planning Department immediately and complete another application. The application process needs to be approved by the Planning Department again before issuing another license.

If you close your business it is your responsibility to notify the Tax Collector office. If you fail to do so, you will be in violation of County Ordinance #475. The ordinance requires compliance with all applicable legal requirements in obtaining or disposing of a Business License.

MADERA COUNTY BUSINESS LICENSE PERMIT APPLICATION

Date of Application: _____

- New Application
 Replacing Existing Permit

Ownership Type?

- Proprietorship
Partnership
Corporation
Other _____

Business Description?

- Retail Service
 Wholesale Ag. Related Service
 Industrial Home Occupation
 Lodging – Hotel/Motel

Type of Business (Please Explain)	
Business Name:	
Name of All Business Owners:	
Mailing Address:	
Business Address:	
Resident Ph. #	Business Ph. #

APN # _____ (Call Assessor for APN number, (559) 675-7710)

Resale # _____ Health Permit Required? Yes No (If Yes, furnish a copy)

Contractor License # _____ SS# _____

Workers Compensation Required? Yes No

WORKERS COMPENSATION DECLARATION

I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided by Labor Code, section 3700, for the duration of any business activities conducted for which this permit is issued.

I have and will maintain workers' compensation insurance as required by Labor Code, section 3700, for the duration of any business activities conducted for which this permit is issued.

My workers' compensation insurance carrier and policy numbers are:

CARRIER NAME:	POLICY #
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ANY CHANGE TO THE ABOVE INFORMATION REQUIRES A NEW APPLICATION

Have you received permits to comply with the following: (check those that apply)

- Fire Codes Health Regulations Planning Codes Building Occupancy Requirements

I certify under penalty of perjury that these statements are true to the best of my ability.

Signature of Applicant: _____ Title: _____

Sales or use tax may apply to your business activities. You may seek written advice regarding the application of sales tax to your particular business by writing to the nearest State Board of Equalization.

Make additional copies for: TAX COLLECTOR ASSESSOR

NON-TRANSFERABLE

NO REFUNDS

PLANNING DEPARTMENT
OPERATIONAL STATEMENT CHECKLIST

It is important that the operational statement provides for a complete understanding of your proposal. The statements that you submit must address all of the following that apply to your proposal.

Your operational statement must be typed or written in a legible manner in the spaces provided. Answer all statements that apply to your business, those that do not enter "N/A". Use additional sheets if necessary.

BUSINESS NAME: _____ Date: _____

1. NATURE OF THE OPERATION – WHAT DO YOU PROPOSE TO DO? Please describe in detail:

2. WHAT PRODUCTS WILL BE PRODUCED BY THE OPERATION?

3. WHAT IS THE EXISTING USE OF YOUR PROPERTY?

4. WHAT ARE THE SURROUNDING LAND USES ON THE NORTH, SOUTH, EAST & WEST?

5. LIST THE HOURS OF OPERATION: _____ NUMBER OF DAYS PER WEEK: _____

IF SEASONAL, LIST THE MONTHS OF OPERATION: _____

6. NUMBER OF CUSTOMERS OR VISITORS PER DAY: _____ MAXIMUM PER DAY: _____

DURING WHAT HOURS WILL CUSTOMERS VISIT YOUR PROPERTY?

7. NUMBER OF CURRENT EMPLOYEES: _____ FUTURE EMPLOYEES: _____

WHAT ARE THEIR WORKING HOURS?

WILL ANY LIVE ON SITE? YES NO

8. ARE ANY GOODS TO BE SOLD ON SITE? YES NO

IF YES, ARE THESE GOODS GROWN OR PRODUCED ON-SITE OR AT SOME OTHER LOCATION?

DESCRIBE PRODUCTS BEING OFFERED FOR SALE _____

9. NUMBER AND TYPE OF SERVICE OR DELIVERY VEHICLES?

10. WHAT EQUIPMENT IS USED? IF APPROPRIATE, PROVIDE PICTURES OR A BROCHURE.

11. WILL THE OPERATION OR EQUIPMENT USED GENERATE NOISE ABOVE EXISTING LEVELS IN THE AREA? YES NO

IF YES EXPLAIN _____

12. DESCRIBE THE SUPPLIES OR MATERIALS USED AND HOW THEY WILL BE STORED?

13. WILL HAZARDOUS MATERIALS OR WASTE BE PRODUCED AS PART OF THIS BUSINESS? YES NO

IF YES EXPLAIN _____

14. WILL THE EXISTING BUILDING BE USED OR WILL A NEW BUILDING BE CONSTRUCTED?

15. EXPLAIN WHICH BUILDING (S) OR WHAT PORTION OF THE BUILDING (S) WILL BE USED IN YOUR OPERATION?

16. PLEASE INCLUDE ANY OTHER INFORMATION THAT WILL PROVIDE A CLEAR UNDERSTANDING OF YOUR BUSINESS OR OPERATION.



RESOURCE MANAGEMENT AGENCY Planning Department

Rayburn Beach, Planning Director

- 2037 W. Cleveland Avenue
- Mail Stop G
- Madera, CA 93637-3593
- (559) 675-7821
- FAX (559) 675-6573
- TDD (559) 675-8970
- mc_planning@madera-county.com

STANDARD CONDITIONS FOR HOME OCCUPATION BUSINESS LICENSES (NO ZONING PERMIT REQUIRED)

1. No employees permitted except members of the immediate family residing within the residence (Chapter 18.04.260 of Madera County Code).
2. Business advertising (i.e., business cards, letterhead, newspaper ads, etc.) shall utilize a post office box and not the residential address.
3. No on-premise sales or clients allowed at this location.
4. No on-premise signs advertising the home business are allowed.
5. No business related outdoor storage is allowed.
6. Work-related vehicles must utilize removable signage or be stored within a garage or similar enclosed structure.
7. The home business must operate in compliance with the attached operational statement as completed by the applicant and approved by the Planning Department.
8. Additional conditions which are related specifically to this operation and are required as conditions of approval:

I have read and accepted the above conditions of approval. I understand that the purpose of these conditions is to allow for the compatible operation of my business within a zoning district not specifically zoned for commercial land uses.

Applicant's Signature

Date

Business Name

Business Location