



City of Avenal
 919 Skyline Blvd
 Avenal, CA 93204
 (559)386-5766
 Fax: (559) 386-0629

Application for: New Business Name Change Change of Location Change of Ownership New Mailing Address

BUSINESS LICENSE APPLICATION July 1 – June 30 (FIXED LICENSE)

Business Information

Business Name:			Phone:
Physical Address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
Email Address:			Ownership Status: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non Profit
Name of Building Owner (<i>Fixed Place Businesses only</i>):			
Type of Business:			
Seller's Permit Number:			
State Employer ID #		Federal Employee ID # (<i>or SSN</i>):	
Valid Certificate from Kings County Health Dept. (<i>if required</i>): <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Certification:	

Contractor Information Only (*please note if Sub-Contractor*)

Contractor		
License Number:	Class:	Expires:
Number of Sub-Contractors (<i>will need to apply for Business License</i>):		
Are you working on a City Project:		

Owner Information

Name:
Address: City/State/Zip:
Phone:
E-mail (<i>if applicable</i>):
Social Security Number:
Driver's License Number (<i>provide copy</i>):
Emergency Contact:

I declare, under penalty of perjury of making false affidavit that this application is made by me, that I am authorized to make such an application, that to the best of my knowledge and belief, it is a true, correct and complete application made in good faith, pursuant to the provisions of the Avenal Municipal Code.

Dated: _____ Signature of Applicant: _____

For Office Use Only

Business License Fee: \$ _____ + \$4.00 (SB1186)	Planning Dept.	Date:
\$ _____ Total Amount Due	Signature of City Clerk:	Date:
Business No.:	Expiration Date:	



General fixed place businesses located within the City of Avenal pay annual fees based on gross receipts. Select from the following to determine the correct License Fee:

X	Gross Business Receipts:	Fee (Per Year)
	\$ 0 - \$ 2,400	\$ 20.00
	\$ 2,401 - \$ 15,000	\$ 30.00
	\$ 15,001 - \$ 30,000	\$ 40.00
	\$ 30,001 - \$ 60,000	\$ 60.00
	\$ 60,001 - \$ 120,000	\$ 80.00
	\$ 120,001 - \$ 240,000	\$ 110.00
	\$ 240,001 - \$ 480,000	\$ 145.00
	\$ 480,001 - \$ 960,000	\$ 190.00
	\$ 960,001 - \$ 1,750,000	\$ 240.00
	\$ 1,750,000 - +	\$ 325.00

*******Please add the \$4.00 State Fee*******

**** ON SEPTEMBER 19, 2012 GOVERNOR BROWN SIGNED INTO LAW SB-1186 WHICH ADDS A STATE FEE OF **\$4.00** ON EVERY APPLICATION OR RENEWAL OF A BUSINESS LICENSE (OR EQUIVALENT INSTRUMENT). THIS NEW LAW IS EFFECTIVE JANUARY 1, 2018 THROUGH DECEMBER 31, 2023. THIS LAW REQUIRES ALL CITIES AND COUNTIES WITHIN CALIFORNIA TO COLLECT THE **\$4.00 STATE FEE.**

If you are operating the business from your home within city limits, you must first obtain a Home Occupation Permit. You may contact the Planning Department at (559) 386-5782.

Some types of businesses may be required to pay a background check fee. The Police Department will perform a background check before any license is issued.

EVERY PERSON OR BUSINESS ENGAGING IN BUSINESS WITHIN AVENAL CITY LIMITS IS REQUIRED TO OBTAIN THE PROPER BUSINESS LICENSE CERTIFICATE PRIOR TO CONDUCTING BUSINESS.



WORKER COMPENSATION DECLARATION

I hereby affirm, under penalty of perjury, one of the following declarations:

- I certify that in the performance of any business activities for which this license is issued I shall not employ any person in any manner so as to become subject to the worker's compensation laws of California, and agree that if I should become subject to the worker's compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with the provisions of Section 3700.
- I have and will maintain a certificate of consent to self-insure for worker's compensation, as provided by section 3700, for the duration of any business activities conducted for which this license is issued.
- I have and will maintaining worker's compensation insurance, as required by Section 3700, for the duration of any business activities conducted for which this licensed is issued.

My worker's compensation insurance carrier and policy number are:

Carrier: _____

Address: _____

Policy Number: _____

Expiration Date: _____

NAME OF APPLICANT: _____ DATE: _____

ADDRESS: _____

SIGNATURE: _____

WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL BE SUBJECT TO AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO \$100,000, IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEES.

IMPORTANT NOTICE

If you plan to place signs on the building in which you will be conducting your business, or you plan to paint the building or any portion of it, please contact Planning Department at City Hall to ensure compliance with City Codes.