City of Kerman
Finance Department

850 S. Madera Ave., Kerman, CA 93630
Office (559) 550-2900 Fax (559) 846-6199
www.cityofkerman.gov

2026 Non-General Business License Checklist
Out of Town Businesses | Home-Based Businesses| Mobile Food Vendors | Property Rentals

Out of Town Business $83 (Application Fee) + Annual Fee (see page 2)

- ☐ Business license application
- ☐ Driver's license of business owner or authorized representative (front only)
- ☐ Copy of any applicable state licenses

Home-Based Business $156 (Application Fee) + Annual Fee (see page 2)

- ☐ Business license application
- ☐ Approved home occupation permit (copy)
- ☐ Driver's license of business owner or authorized representative (front only)

Mobile Food Vendor $165 (Application Fee) + Quarterly Fee (see page 2)

- ☐ Live scan application from the Kerman Police Department (copy)
- ☐ Health Department permit (copy)
- ☐ Driver's license of business owner or authorized representative (front only)
- ☐ Written authorization from the property owner (if applicable)
- ☐ Signed Mobile Food Vendor Ordinance

Business Name _____ **Business Address** _____

For City Use Only

APPLICATION RECEIVED BY _____ DATE _____

COMMENTS

CITY OF KERMAN
850 S. Madera Ave., Kerman, CA 93630
Phone (559) 550-2900 Fax (559) 846-6199

2026 Business License Application

Out of Town Business|Home-Based | Mobile Food Vendors| Property Rentals

FEES & NOTICES

1. Submittal and payment of an application do not constitute a business license. If the application is approved, subject to conditions, there will be additional fees for the business license.
2. Business licenses are valid for the calendar year.
3. Pursuant to Kerman Municipal Code Section 5.04.060, business license fees are not prorated or refundable.
4. Per the State of California (SB 1186), a fee will apply to each license.
5. Mobile food vendor and home-based applicants must complete supplementary applications. Please email buildingonline@cityofkerman.gov or visit www.cityofkerman.gov to download the required forms.
6. Please return complete applications to buildingonline@cityofkerman.gov.

Annual / Quarterly Fees

Out of Town Contractors	Itinerant Peddlers, Solicitors, Photographers, and Mobile Food Vendors	All other business types
Sole/No employees $69.98 + $4 State Fee 1-5 employees $104.12 + $4 State Fee 6-10 employees $139.96 + $4 State Fee 11 or more $174.10 + $4 State Fee	Quarterly Fee $167.00	Please refer to the city's fee schedule located at https://www.cityofkerman.gov/180/Finance-Department and City Hall.

BUSINESS TYPE ☐ Out of Town Business ☐ Home-Based
☐ Mobile Food Vendor ☐ Property Rental ☐ Professional Services ☐ Other_____

A. BUSINESS OWNER INFORMATION

Name _____
Home Address/PO Box * _____ City _____State _____Zip_____
Telephone No. (___) _____ Cell Phone No. (___) _____
Driver License #/Identification #_____ State _____ Expiration Date _____
Taxpayer Identification Number_____
SSN/Municipal Identification Number_____ Date of Birth _____
E-Mail _____
**In compliance with Section CA Code BPC-17538.5*

B. BUSINESS INFORMATION

Name _____
Site Address _____ City _____State _____Zip_____
Mailing Address_____ City_____State _____Zip_____
Telephone No. (___) _____Fax No. (___) _____
Email_____
Contractor's License No._____ License Class_____ Expiration Date_____
Other License _____ Expiration Date _____

Is this a home-based business? (Only if the home address is within City limits) ☐Y ☐N (if yes, see Section D)

Business Operates (*check one*) ☐ Sole/No employees ☐ 1-5 employees ☐ 6-10 employees ☐ 11 or more

Type of Ownership (*check one*) ☐ Sole ☐ Partnership ☐ Corporation No. _____

State Tax I.D._____ Federal Tax I.D._____

State Sales Tax No._____

C. NAME OF CORPORATE OFFICERS OR PARTNERS

Name _____ Title _____

Home Address _____

Phone (___) _____ Alternate Phone (___) _____

E-Mail Address _____

D. DESCRIBE BUSINESS TYPE/OPERATION

_____

_____

_____

E. HOME-BASED BUSINESS ☐ Not Applicable

Home Occupation Permit No. _____ Approval Date _____

F. MOBILE FOOD VENDOR ☐ Not Applicable

Products Sold _____

Days/Hours of Operation _____

Vending Location _____

Make & Model of Food Truck _____

Year _____License Plate # _____

Commissary Address_____Phone number _____

G. ACKNOWLEDGEMENT AND ACCEPTANCE OF APPROVAL

I acknowledge that payment of a license fee required by **KMC 5.040.050**, and its acceptance by the City, and its issuance does not entitle the holder thereof to carry on any business in a manner or at a location or premises which is otherwise prohibited by any other ordinance of the City, or any other statute or enactment.

_____ Initial

I further acknowledge that the issuance of a business license does not exempt me from the requirements or regulations of any other applicable City, County, or State laws.

_____ Initial

Printed Name_____Signature _____Date _____