



APPLICATION FOR BUSINESS LICENSE

City of Dos Palos
2174 Blossom Street
Dos Palos, Ca 93620
Phone (209)392-2174
Fax (209) 392-2801

		BUSINESS LICENSE #	
NAME OF BUSINESS:		MAILING ADDRESS:	
BUSINESS LOCATION:			
BUSINESS PHONE #		APPROX. START DATE:	
OWNER'S NAME		PHONE #	
OWNER'S ADDRESS:		CITY:	ZIP:
STATE BOARD OF EQUILIZATION #		NUMBER OF EMPLOYEES: (EMPLOYEE: ANY PERSON WORKING AT THE JOB ADDRESS)	

FOR CONTRACTORS ONLY

CONTRACTOR'S LICENSE #	CLASS :
------------------------	---------

EMERGENCY CONTACT PERSON IN LOCAL AREA (POLICE/FIRE PURPOSES ONLY)

NAME:	PHONE #
-------	---------

I STATE THAT TO THE BEST OF MY KNOWLEDGE THE ABOVE FACTS ARE TRUE AND ACCURATE

SIGNATURE	DATE
-----------	------

BUILDING DEPARTMENT		DATE:
COMMUNITY DEVELOPMENT		DATE:
CHIEF OF POLICE		DATE:
FIRE DEPARTMENT		DATE:
ADMINISTRATION DEPT.		DATE:

APPLICATION FOR BUSINESS LICENSE WILL NOT BE APPROVED BY THE CITY
UNTIL ALL BUILDING / OTHER PERMITS HAVE BEEN SECURED, IF APPLICABLE.



Dear Business Owner:

I here by affirm, under penalty of perjury, of the following declarations:
(check the box next to the declaration that applies to you)

- ☐ I have and will maintain a certificate of consent to self-insure for worker's compensation, as provided by Section 3700 of the Labor Code, for the duration of any business activities conducted for which this license is issued.
- ☐ I have and will maintain worker's compensation insurance, as required by Section 3700 of the Labor Code, for the duration of any Business activities conducted for which this license is issued.

List carrier and policy number below

Carrier:
Policy #

- ☐ I certify that in the performance of any business activities for which this license is issued, I shall not employ any person in a 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 of the Labor Code.

Business Name:	
Address:	
Date:	Signature:

WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO \$100,000.00 IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES



Community Development Department

[Debanni Aguayo - daguayo@cityofdp.com](mailto:Debanni_Aguayo_-_daguayo@cityofdp.com)

2174 Blossom St.
Dos Palos, CA 93620
(209) 392-2174 Fax (209) 392-2801

Business Operational Statement

It is important for the Business Operational Statement to provide a complete understanding of the business. **Please respond to all questions.**

1. Please provide the following information:

Applicant(s) Name(s):

Business Names:

Address:

Phone Number(s):

Fax:

Email Address:

2. What is the existing use of the property? _____
3. Is the proposed/existing business: Retail ☐ Manufacturing ☐ Service ☐ Construction ☐
Other ☐ _____
4. Describe in detail the nature of the proposed/existing business and how it is operated. (Use additional page(s) if necessary).

5. Will products be produced and/or sold on the business site? Yes ☐ No ☐
If no, then where? _____
6. What type of equipment is used in your business? _____

7. If you operate a Home Based Business, is the business enclosed within the residential structure? Yes ☐ No ☐ If no, where is the business located? _____
8. What are the proposed hours of operation? _____
Hours per Day: From: _____ to _____ Days per Week: _____
Months (if seasonal): _____
9. Type of Organization: _____
10. Number of Employees: _____
If "yes", how many: _____ Full Time: _____ Part Time: _____
If seasonal, how many employees during peak months? Full Time: _____ Part Time: _____
11. Any plans for future expansion? _____

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: _____