



City Of Atwater
Community Pride City Wide



MUNISERVICES

City of Atwater, CA (9903) Application for Business License Year 07/01/20__ – 06/30/20__

438 E Shaw Avenue Box 367 • Fresno, CA 93710 • Phone (866) 240-3665 • Fax (205) 423-4097
Email: bizlicensesupport@muniservices.com

****PLEASE PRINT INFORMATION AND COMPLETE ALL SECTIONS**** **PLEASE RETURN ORIGINAL WITH LICENSE FEES****
Your license may require you to submit proof of certification and/or permit with your payment. Failure to submit a proof of certification/permit, pay your license in full, or report your gross receipts as required will result in a delay of the release of your license.

Application Type (Required): Renewal New Business Name Change Owner Change Location Change (\$10 fee)

1. **Business Name:** _____ **Business Phone:** () _____
(Required-appears on business license) (Area Code)

2. **Application Date:** ____/____/____ **Date Business Started in Atwater:** ____/____/____

3. **Location of Business:** _____/_____/_____
(Address – do not use P.O. Box) (City) (State) (Zip Code)

4. **Description of Business:** _____

5. **Contact Name/Title:** _____ **Contact Phone #:** _____

6. **Contact Fax:** _____ **Contact Email:** _____

7. **Name of Business Owner or Corporation Name:** _____
(Required-appears on business license)

8. **Business Owner's Home or Corp. Address:** _____/_____/_____
(Address – do not use P.O. Box) (City) (State) (Zip Code)

9. **Mailing Address:** _____/_____/_____
(Address) (City) (State) (Zip Code)

10. **Form of Ownership (Check One) Required:** Sole Proprietorship Corporation LLC-Single Member LLC-Multi Member
 LLP (Limited Liability Partnership) General Partnership Governmental Agency Professional Association
 Other: _____

11. **Social Security #:** _____ **Federal ID #:** _____ **Sellers Permit #:** _____
(Individual) (Corporation/Partnership) (For Collection of Sales Tax)

12. **State Board of Equalization No.:** _____ **Driver's License No.:** _____

13. **List name of corporate president or names of partners, home phone numbers, driver's license numbers, SSN numbers and home addresses. Please use additional sheets as needed:**

Name	Home Phone	Driver's License	SSN
Address	City	State	Zip

Name	Home Phone	Driver's License	SSN
Address	City	State	Zip

Name	Home Phone	Driver's License	SSN
Address	City	State	Zip

In order to determine your business license tax rate for use in calculation of your business license fee, please see the City of Atwater's Business License Fee Schedule on our website at www.revds.com (Taxpayer → California → Taxpayer Forms → Keyword Search Atwater).

Proof of Certification and/or Permit: Your license may require you to submit proof of certification and/or permit with your payment. Failure to submit a proof of certification/permit, pay your license in full, or report your gross receipts as required will result in a delay of the release of your license.

Contractor's License: A contractor performing work in the City of Atwater for a limited time, may purchase a business license for twenty-five dollars (\$25.00) for a period of ninety (90) days. Every person engaged in the business of contracting must produce evidence that they hold a valid State Contractor's License before a business license will be issued under Atwater Municipal Code Section 5.08.090.

State Contractor's License #: _____ Class: _____

Column A	Column B	Column C	Column D	Column E	Column F	Column G
Section Number	Type of License	Gross Receipts (If Required)	Unit Amount (Applies if fee is based upon a "number" of units)	Flat/Base Fee*	Additional Amount Due Based On Calculation	License Fee Due
<u>Verify all types of business conducted</u>				<u>*Please reference Fee Schedule for calculation details. Add Column E & F enter total in column G then add down</u>		
CA Senate Bill #1186 (Mandatory State Fee, Effective January 1, 2013)						\$ 1.00
Add \$15.00 late filing fee if filed on or after August 31st						\$
Total Amount Due:						\$

(License Fee + Penalties (if applicable) + State fee)
 (Make check payable to: Tax Trust Account and remit to: MuniServices; 438 E Shaw Avenue Box 367; Fresno, CA 93710)

****REQUIRED DEPARTMENTAL SIGNATURES****

Utility Department: _____ Date _____
 Police Department: _____ Date _____
 Planning Department: _____ Date _____
 City Attorney: _____ Date _____
 Public Works Department: _____ Date _____
 Building Department: _____ Date _____
 Fire Department: _____ Date _____

To be completed by the City of Atwater Business License Department Only:

Payment Method:
 (If payment is collected, please submit copy of payment and receipt.)
 Check Cash Credit Card
 No Additional Payment Collected

Payment Method Forwarded to MuniServices?
 Yes No

If payment forwarded to MuniServices make check payable to "Tax Trust Account".
 Form/Pymt Rec'd By: _____
 Date Form/Pymt Rec'd: _____

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 buildings 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
- The Department of Rehabilitation at www.rehab.cahwnet.gov
- The California Commission on Disability Access at www.cdda.ca.gov

******ALL APPLICANTS MUST READ AND SIGN BELOW******

I HEREBY SWEAR UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I HEREBY SWEAR THAT THE AMOUNT OF SALES OR RECEIPTS OR NUMBER OF UNITS AS REQUIRED FOR DISCLOSURE IN ORDER TO OBTAIN A BUSINESS LICENSE HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND ISSUANCE OF LICENSE DOES NOT PERMIT BUSINESS OPERATION UNLESS BUSINESS IS PROPERLY ZONED AND/OR IN COMPLIANCE WITH ALL APPLICABLE LAWS/RULES.

Print Name and Title: _____ Signature: _____

Business Name: _____ Contact #: () _____

Returned Check Disclaimer: Effective July 1, 2010, each returned item received by MuniServices/RDS due to insufficient funds will be electronically represented to the presenters' bank no more than two times in an effort to obtain payment. MuniServices/RDS is not responsible for any additional bank fees that will accrue due to the resubmission of the returned item. Please see the full returned check policy at www.revds.com/taxpayer/return-check-disclaimer.



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MUNISERVICES

Workers' Compensation Declaration

Business Name: _____

Business Address: _____

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

Note: Check only one box.

I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of work for which this license is issued.
Provide Certificate of Self Insured with application.

I have and will maintain workers' 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.

My workers' compensation insurance carrier information:

Provide all the following information to avoid delayed processing of application.

Carrier: _____

Carrier Address: _____

Carrier City/State/Zip: _____

Carrier Phone No.: _____

Policy Number: _____

Policy Expiration Date: _____

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 workers' compensation provisions of Section 3700 of the Labor Code. I shall forthwith comply with the provisions of Section 3700 of the Labor Code.

Signature: _____ Date: _____

WARNING: Failure to secure Workers' Compensation unlawful, and shall subject an employer to **CRIMINAL PENALTIES** and coverage is **CIVIL FINES** up to **ONE HUNDRED THOUSAND DOLLARS (\$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.



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MUNISERVICES

Atwater, CA Police Department Emergency Call Out List

Please Print Clearly. (Note: All of this information is confidential and stored at the City of Atwater's Police Department. This information is not accessible to anyone other than public safety employees and is used for emergency purposes only.)

Business Name: _____

Business Address: _____

Business Phone: _____

Emergency Contacts:

1. Name: _____

Phone: _____

2. Name: _____

Phone: _____

3. Name: _____

Phone: _____

Alarm Company: _____

Alarm Company Phone: _____

Alarms: Circle All that Apply:

Fire

Burglar

Panic

Silent

Audible Only

Sprinkler Alarm

Failure to complete and return this form will not allow the city/data files to be updated to reflect correct information regarding your business. This could result in our inability to contact you in an emergency situation.