



CITY OF FILLMORE

250 Central Avenue, Fillmore, CA 93015-1907
(805) 524-3701 FAX (805) 524-6714

• Please Check One •

- NEW BUSINESS
- AMENDMENT
- CHANGE OF OWNERSHIP
- CHANGE OF ADDRESS

BUSINESS LICENSE APPLICATION

PLEASE TYPE OR PRINT CLEARLY

Business Name _____ Business Address _____ City _____ State _____ Zip _____ Mailing Address _____ City _____ State _____ Zip _____ Business Phone () _____ Business Fax () _____ Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> Corp-Ltd Liability <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Trust Location Type: <input type="checkbox"/> Commercial Site <input type="checkbox"/> Home Occupation <input type="checkbox"/> Street Vendor <input type="checkbox"/> Solicitor/Peddlers		- OFFICIAL USE ONLY - BUSINESS TAX NO. _____ EXPIRATION DATE _____ TOTAL PAID \$ _____ <input type="checkbox"/> CASH / <input type="checkbox"/> CHECK CLASS/CAT# _____ SIC CODE _____
Start Date _____ Description of Business _____ <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Manufacturer <input type="checkbox"/> Construction <input type="checkbox"/> Agriculture <input type="checkbox"/> Finance <input type="checkbox"/> Other (explain) _____ Resale No. _____ Federal I.D. No. _____ State I.D. No. _____ State License No. _____ License Type _____ Expiration Date _____ Health Permit No. _____ Santa Clara Disposal Service <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Enter below names of Owners, Partners, or Corporate Officers:</i>		
Owner Name _____ Title _____ Phone () _____ Home Address _____ Cell Phone () _____ City _____ State _____ Zip _____ Social Security No. _____ Driver's License No. _____		
Owner Name _____ Title _____ Phone () _____ Home Address _____ Cell Phone () _____ City _____ State _____ Zip _____ Social Security No. _____ Driver's License No. _____		
<i>In case of emergency, please contact:</i>		
Name _____ Title _____ Phone () _____ Address _____ Cell Phone () _____		
I declare under penalty of perjury that the information and statements contained herein are true and correct to the best of my knowledge and belief. I am aware that any violation of the Fillmore Municipal code will terminate the business license.		
Signature of Owner or Officer _____ Title _____ Date _____		
OFFICIAL USE ONLY - APPROVED/DISAPPROVED & RESTRICTIONS		PLEASE FILL IN THE APPROPRIATE BOXES
By: _____ Date: _____ Bldg. Dept. _____ <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Inspection Date: _____ Restrictions: _____ Fire Dept. _____ <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Inspection Date: _____ Restrictions: _____ Planning Dept. _____ <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Restrictions: _____ Zoning: _____ Restrictions: _____ Solid Waste Coordinator _____ <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Restrictions: _____		No. of Employees <input style="width: 50px;" type="text"/> No. of Square Feet <input style="width: 50px;" type="text"/> No. of Vehicles/Carts <input style="width: 50px;" type="text"/> (Please Attach License Plate No.#) Business Fee \$ <input style="width: 50px;" type="text"/> Other Fees \$ <input style="width: 50px;" type="text"/> AMOUNT DUE \$ <input style="width: 50px;" type="text"/>
This license is issued without verification that the licensee is subject to or exempt from licensing by the State of California (Gov't Code 37101.2)		

BUSINESS LICENSE FEE SUMMARY		Valid From 07/01/___ to 06/30/___ (Pro-rated)	
BUSINESS CLASSIFICATION	BASIC RATE	+ TIER RATE	= TOTAL
Special Event	\$30.00		\$ 30.00
Business Rate & Home Occupation	\$95.00	\$ 0.00	\$ 95.00
Business Located in Fillmore (Under 1,499 Square Feet)	\$95.00	\$ 81.00	\$176.00
Business Located in Fillmore (1,500 - 4,999 Square Feet)	\$95.00	\$122.00	\$217.00
Business Located in Fillmore (Over 5,000 Square Feet)	\$95.00	\$163.00	\$258.00
Business Outside of Fillmore (Business Location that is not a Fillmore Address)	\$95.00	\$15.00	\$110.00
Solicitor/Peddler	\$95.00	\$54.00	\$149.00

BUSINESS LICENSE APPLICATION PROCESS

STEP #1: Submit business license application to the Planning Department. The Planning Department will determine if the proposed business is located within the proper land use designation in accordance with the zoning ordinance. The Planning Department will also indicate if there are any additional permits that may be required. (ONLY FOR FILLMORE ADDRESS LOCATIONS)

STEP #2: When Planning Department has approved the business license application, it is then forwarded to Building and Safety and Fire Department for approval. It is your responsibility to schedule Fire and Code inspections. A business may not open their doors to the public until these inspections have been made and Certificate of Occupancy has been issued. (ONLY FOR FILLMORE ADDRESS LOCATIONS)

Your application for the business license may need to include some or all of the following:

- * A Home Occupation business must sign and attach a Home Occupation Permit with the business license application. There is a one time fee of \$75.00 and is collected when the original application is submitted.
- * All businesses are required to supply the vehicle license plate numbers for vehicles used to do business within the Fillmore City limits.
- * State Licensed Contractors - Your application for a business license must include a copy of your current California State Contractor's License. The business license will be issued in the name and type of ownership shown on the license.
- * Retail businesses must obtain a seller's permit from the State Board of Equalization. The permit must show the correct address of the business. A copy of the permit must be attached to the business license application.
- * Any business name that includes anything other than the owner's first and last name is required to register a fictitious name statement with Ventura County Clerk's Office. You will be required to publish the name in the local newspaper. Copies of the fictitious name statement and proof of publication must be attached to the business license application.
- * Any business selling food, operating a public water system, producing hazardous waste, having a swimming pool, storing hazardous materials in underground tanks, and operating landfills or trash trucks must apply for a health permit. A copy of the health permit must be attached to the business license application.
- * Solicitors/Peddlers must first get a background/D.O.J. check with County of Ventura Sheriff's Department. The report must be attached with the business license application.
- * Non profit organizations must provide a copy of a non profit status.

DIRECTORY

* ALCOHOL PERMITS Alcoholic Beverage Control - (A.B.C.) 411 East Canon Perdido Santa Barbara, CA 93102 (805) 564-7717	* FEDERAL EMPLOYERS ID NUMBERS Internal Revenue Service 2500 Financial Square #1 Oxnard, CA 93030 (800) 829-1040	* RESALE NUMBERS/SELLERS PERMIT State Board of Equalization 4820 Mc Grath, #260 Ventura, CA 93003 (805) 677-2700
* BACKGROUND CHECK/FINGERPRINT County of Ventura Sheriff's Department 800 South Victoria Avenue Ventura, CA 93009 (805) 654-2311	* FICTITIOUS BUSINESS NAME/DBA County of Ventura County Clerk's Office 800 South Victoria Avenue Ventura, CA 93009 (805) 654-3790	CITY OF FILLMORE - HOURS: 8:45 A.M. - 5:00 P.M.
* CHILD CARE Ventura County Child Care 800 South Victoria Avenue Ventura, CA 93009 (805) 652-7830	* HEALTH PERMITS County of Ventura Environmental Health Division 800 South Victoria Avenue Ventura, CA 93009 (805) 654-2813	CITY HALL: (805) 524-3701
* CONTRACTORS LICENSING State of California Contractors Licensing Board (800) 321-2752		BUSINESS LICENSE DIVISION (805) 524-1500 EXT 133
		PLANNING: (805) 524-1500 EXT 113
		FIRE DEPARTMENT: (805) 524-0586
		BUILDING & SAFETY: HOURS: 8:00 A.M. - 4:00 P.M. (805) 524-1500 EXT 112