



CITY OF FILLMORE

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

BUSINESS LICENSE APPLICATION

PLEASE TYPE OR PRINT CLEARLY

		OFFICIAL USE ONLY
Business Name _____	Business Tax No. _____	
Business Address _____		
Mailing Address _____	Business Phone _____	
City _____ State _____ Zip _____	Business Fax _____	
City _____ State _____ Zip _____	Email Address _____	
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/Peddler		
Start Date _____	Description of Business _____	No. of Square Feet _____
Business Type: <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 Valley Disposal Service <input type="checkbox"/> Yes <input type="checkbox"/> No	

BUSINESS OWNER INFORMATION

Owner Name _____	Title _____	Phone _____
Mailing Address _____		Cell Phone _____
City _____ State _____ Zip _____		
Owner Name _____	Title _____	Phone _____
Mailing Address _____		Cell Phone _____
City _____ State _____ Zip _____		

EMERGENCY CONTACT INFORMATION

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.

Printed Name _____ Signature _____ Title _____ Date _____

OFFICIAL USE ONLY

<p><u>BUILDING & SAFETY</u></p> <p>Inspected By _____ <input type="checkbox"/> Approved Inspection Date _____ <input type="checkbox"/> Disapproved Restrictions _____</p> <p><u>FIRE DEPARTMENT</u></p> <p>Inspected By _____ <input type="checkbox"/> Approved Inspection Date _____ <input type="checkbox"/> Disapproved Restrictions _____</p> <p><u>PLANNING DEPARTMENT</u></p> <p>Reviewed By _____ <input type="checkbox"/> Approved Date _____ <input type="checkbox"/> Disapproved Zoning _____ Restrictions _____</p>	<p>Business Fee \$ _____</p> <p>Other Fees \$ _____</p> <p>AMOUNT DUE \$ _____</p> <p style="font-size: small;">This license is issued without verification that the license is subject to or exempt from licensing by the State of California (Gov't Code 37101.2)</p>
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BUSINESS LICENSE FEE SUMMARY

	<u>Basic Rate</u>	<u>Tier Rate</u>	<u>App Fee</u>	<u>State</u>	<u>Total</u>
Special Event	\$30.00	\$0.00	\$25.00	\$4.00	\$59.00
Home Occupation	\$95.00	\$0.00	\$25.00	\$4.00	\$124.00
Business Located in Fillmore (Under 1,499 Square Feet)	\$95.00	\$125.00	\$25.00	\$4.00	\$249.00
Business Located in Fillmore (1,500 - 4,999 Square Feet)	\$95.00	\$165.00	\$25.00	\$4.00	\$289.00
Business Located in Fillmore (Over 5,000 Square Feet)	\$95.00	\$190.00	\$25.00	\$4.00	\$314.00
Business Outside of Fillmore (Business Location that is not a Fillmore Address)	\$95.00	\$15.00	\$25.00	\$4.00	\$139.00
Solicitor/Peddler	\$95.00	\$50.00	\$25.00	\$4.00	\$174.00

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 the Planning Department has approved the business license application, it is then forwarded to the Building and Safety and Fire Department for approval. **(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 \$105.00 and is collected when the original application is submitted.**
- ❖ 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 included anything other than the owner's first and last name is required to register a fictitious name statement with the 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 application.
- ❖ Any businesses 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 Live Scan. 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

Alcohol Beverage Control
1000 South Hill Road, Suite 100
Ventura, CA 93003
(805) 289-0100

LIVE SCAN

City of Fillmore
250 Central Avenue
Fillmore, CA 93015
(805) 524-3701

CHILD CARE

Ventura County Child Care
800 South Victoria Avenue
Ventura, CA 93009
(805) 652-7830

CONTRACTORS LICENSING

State of California
Contractors Licensing Board
(800) 321-2752

FEDERAL EMPLOYERS I.D. NUMBERS

Internal Revenue Service
2500 Financial Square #1
Oxnard, CA 93030
(800) 829-1040

FICTITIOUS BUSINESS NAME/DBA

County of Ventura
County Clerk's Office
800 South Victoria Avenue
Ventura, CA 93009
(805) 654-3788

HEALTH PERMITS

County of Ventura
Environmental Health Division
800 South Victoria Avenue
Ventura, CA 93009
(805) 654-2813

RESALE NUMBERS/SELLERS PERMIT

State Board of Equalization
4820 McGrath, Suite 260
Ventura, CA 93003
(805) 677-2700