CITY OF GUSTINE

PO BOX 16 - 352 5TH STREET
GUSTINE CA 95322
OFFICE (209) 854-6471 – Fax (209) 854-2127
www.cityofgustine.com

Business License Application: General Information

The City of Gustine requires all businesses to pay an annual tax in the form of a business license. The tax is used to ensure all businesses comply with health and safety standards. The Business License Certificate proves the tax has been paid and must be updated annually. The Business License must be posted in clear sight on the premises where such business is carried on at all times.

Certificate of Occupancy

You will need a certificate of occupancy in order to conduct your business in a specific building. This certificate is different from the business license as it proves the suitability of your business in the building. BEFORE YOU SIGN YOUR LEASE, you should contact the City of Gustine Planning and Building Department to ensure the building is the appropriate type for your business.

Zoning

BEFORE YOU SIGN YOUR LEASE you should contact the City of Gustine Planning and Building Divisions to ensure your building is in the proper zone. A meeting with the Planning Commission may be required to obtain proper authorization.

Additional Items

Additional items and planning considerations may be required to obtain a business license. These may include, but are not limited to: adequate parking, sign permit, use permit (home occupation, see below), food handler's permit, state tax identification number, and any special federal, state, or county permits/licenses which pertain to your business.

Building Division Comments

It is YOUR responsibility alone to schedule the necessary inspections to continue the licensing process. Contact the Planning and Building Divisions at 209-854-6471 directly to schedule necessary inspections. This should be done as soon as possible and **no later** than five (5) working days before the scheduled opening of the business.

Failure to schedule inspections and obtain the appropriate approvals can result in delays to your scheduled opening.

Upon receipt of the approvals, you will be issued a Certificate of Occupancy. If you are planning or in the process of remodeling (including adding/changing signs) without a building permit, please contact the Building Division to verify if a permit is required.

Other Agencies

All persons in the State of California must register a fictitious business name statement or D.B.A. ("Doing Business As") with the respective county clerk of the principal place of business. If your surname is the name of the business (and the business name does not suggest the existence of additional owners), you are not required to file a fictitious business name statement.

Merced County Clerk
2222 M. Street
Merced, CA 95340
(209) 385-7627
(209) 385-7626 (Fax)
www.co.merced.ca.us/index.aspx?nid=217

Fictitious Business Name Statement Form (Online)
http://www.co.merced.ca.us/DocumentCenter/Home/View/77

In addition to a business license and fictitious business name statement, the applicant may need to obtain a seller's permit/resale number among other information. Contact the agencies below for additional information and requirements.

Internal Revenue Service – IRS (Federal Taxes)
800-TAX-1040
800-829-1040
www.irs.gov
Business Line – 1-800-829-4933

Franchise Tax Board – FTB (State Income Taxes)
800-852-5711
www.ftb.ca.gov

Employment Development Department – EDD (State Employment Taxes)
888-852-5711
www.edd.ca.gov

State Board of Equalization – BOE (State Seller's Tax/Seller's Permit/Resale Number)
3321 Power Inn Road, #210
Sacramento, CA 95826
800-400-7115
www.boe.ca.gov

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Business License Inspection Checklist

This is a general list of items the City of Gustine Building Division and Fire Department look for during their Business License inspections.

- Your building address must be clearly visible from the street, including the suite number or letter printed on the door.
- A fire extinguisher 2-A 10BC (minimum size) mounted no higher than 5 ft on a clearly identifiable wall with an identifying sign mounted above. One extinguisher is required for every 3000 sq ft and/or every 75 feet of travel.
- There shall be no holes or open areas permitted in walls, ceilings, floors, or ceiling tiles. In addition ceiling tiles must be in place as designed.
- The use of extension cords is prohibited; if there is a need to extend power to a location, an approved surge protector can be used. If one does not reach the location a new receptacle may be needed. A permit is required for all new electrical work.
- GFCI receptacles are required in all bathrooms and within 6 ft of any water source.
- All electrical outlets and panels must have cover plates and all knock-outs must be covered (no tape) and no exposed wiring is permitted.
- The area in front of the electrical panel (breaker box) must remain clear at all times.
- Exit signs must be installed over rear doors that exit directly to the exterior of the building (illuminated signs are not required unless your type of business requires them). Exit doors and paths must be kept clear at all times. Doubled-keyed cylinder locks cannot be used for required exit doors.
- A sign over the front entrance door that reads: "DOOR TO REMAIN UNLOCKED DURING BUSINESS HOURS" is required.
- There may be additional requirements if your business is considered a place of assembly (50 or more person occupancy). In such cases, the Building Division will determine these requirements.

If your business requires a Health Inspection; contact Merced County Public Health Department for a separate inspection.

ANY NEW CONSTRUCTION OR REMODELING MAY REQUIRE A SEPARATE BUILDING PERMIT; CONTACT THE BUILDING DEPARTMENT AT (209) 854-9227

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Information on ADA Requirements for Small Business Owners

It is important that **you** as a Small Business Owner understand the requirements of the Americans with Disabilities Act (ADA)

Steps for Success: Being proactive is the best way to ensure ADA compliance. Evaluate access at your facility, train your staff on the ADA's requirements, think about the ADA when planning an alteration or construction of a new facility, and, most importantly, use the **free** information resources available.

Please visit our Building Department for a complete handout by the U.S. Department of Justice Civil Rights Division Disability Rights Section that will address the following information in detail:

New Customers

Who is covered by the ADA?

Compliance Dates

General Nondiscrimination Requirements

- Policies and Procedures
- Service Animals
- Wheelchairs and Other Power-Driven Mobility Devices
- Communicating with Customers

Making the Built Environment Accessible

- Existing Facilities
- Element-by-Element Safe Harbor
- Readily Achievable Barrier Removal
    - Barrier Removal Before March 15, 2012
    - Priorities for Barrier Removal
    - Parking
    - Accessible Entrances
    - Accessible Route to Goods and Services
    - Shelves, Sales and Service Counters, and Check-out Aisles
    - Food and Restaurant Services

New Construction and Alterations

Steps for Success

- Assessing your Facility
- Staff Training
- Tax Credit and Deduction

ADA Information Resource: www.ada.gov/business.htm

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OFFICIAL USE ONLY:
License Number: _____ ☐ New ☐ Renewal ☐ Updated Application
Payment Option: ☐ Yearly ☐ Quarterly

Anticipated Business Start Date: _____

Business Information:

Business Name: _____
(If a fictitious business name, please attach copy of Fictitious Name Statement)

Business Location: _____ City:_____ State:_____
Zip:_____

Mailing Address: _____ City:_____ State:_____

Zip:_____

(If different from above)

Business Phone: ( ) _____ Fax: ( )_____
Email: _____

Ownership: ☐Sole Proprietor ☐Partnership ☐Limited Liability ☐ Corporation ☐ Trust

Nature of Business: _____

_____

_____

Business Ownership: (use additional sheets if necessary)

Name:_____ Title:_____

Address: _____ City:_____ State:_____

Zip:_____

Contact Phone: ( )_____ Fax: ( )_____

Email: _____

Social Security Number: _____-____-_____

Property Owner Information: (only applicable if different from Business Owner)

Name: _____ Contact Phone: ( ) _____

Address: _____ City:_____ State:_____ Zip:_____

Is property: ☐Rented ☐ Leased

Property Owner Signature: _____ Date: _____

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Licenses & Identification *: (list all that apply)

Federal ID Number: _____ State ID Number: _____

Resale Number: _____

Other: _____ (ie: Bureau of Auto Repair/Health/Dentist…etc)

Contactor's: Number: _____Class: _____ Expiration: _____

Alcohol Beverage Control License: _____ Expiration: _____

*copies of certificates may be requested

Operational Information: (list those that apply)

Hours of Operation: Days:_____ Hours: _____

Number of Employees: _____ Number of Company Vehicles: _____

Number of Vending/Arcade Machines: _____ Company leased

from:_____

Number of Rental Units: _____

APPLICANT MUST THEREAFTER NOTIFY CITY HALL WITHIN FIVE (5) DAYS OF ANY CHANGE IN ANY FACTS REQUIRED BY THIS APPLICATION.

NOTICE: Payment of business taxes and/or fees or the issuance of a business tax certificate in no way releases the applicant/licensee from compliance with any provision of Federal or State laws, County statutes, local ordinances and regulations, including and without limitation to zoning, building, fire health and safety codes.

The City of Gustine is creating a public business database for the city website. Would you like your business to be included? (Shared information will include business name and contact information) Yes ☐ No ☐

I declare under penalty of perjury that the aforementioned information contained herein is, to the best of my knowledge, and belief true and correct. As a condition for the issuance of the business license, I agree to submit any additional information that may be required; to conduct all phases of business in accordance with established for such business in conformance with all applicable laws, ordinances and regulations.

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 laws of California, and agree that I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with the provisions of Section 3700.

Signature: _____ **Date:** _____

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OFFICIAL USE ONLY:

Planning Department

Zoning: _____
Use Permitted: _____
Signature: _____
Date: _____
☐Denied ☐Accepted

Comments:

_____

_____

_____

Fire Inspections

Signature: _____
Date: _____
☐Denied ☐Accepted

Comments:

_____

_____

_____

Building Inspection

Signature: _____
Date: _____
☐Denied ☐Accepted

Comments:

_____

_____

_____

OFFICIAL USE ONLY:

Police

Signature: _____
Date: _____
☐Denied ☐Accepted

Comments:

_____

_____

_____

Business License Clerk

Signature: _____
Date: _____
☐Denied ☐Accepted

Comments:

_____

_____

_____

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HOME OCCUPATION PERMIT APPLICATION HOP # _____

Applicant's Name: _____ Phone: ____-____-_____

Proposed Business Name: _____

Address: _____, Gustine, CA 95322

Number of Persons Visiting Your Home for Business Purposes Each Week: _____

Describe the Proposed Home Occupation/Tools/Mechanical Equipment/Etc. (Use Additional Pages if Necessary):

_____

_____

_____

Owner: _____ Renter: _____

IF RENTER – YOU MUST HAVE THE PROPERTY OWNER/MANAGER APPROVE YOUR PROPOSED BUSINESS IN THE HOME.

I AM THE OWNER/MANAGER OF THE ABOVE IDENTIFIED PROPERTY AND AM FAMIIARY WITH THE HOME OCCUPATION PROPOSED BY THE APPLICANT. I HEREBY GIVE MY CONSENT TO THE APPLICANT TO CONDUCT THE PROPOSED HOME OCCUPATION ON MY PROPERTY.

_____/_____ _____

PRINT NAME SIGNATURE DATE

_____ _____

PHONE NUMBER OWNER/MANAGER ADDRESS/CITY/ZIP CODE

OFFICIAL USE ONLY:

HOP APPLICATION FEE/PLANNING: **$143.00** RECIEPT NUMBER: _____

ZONING DISTRICT: _____ APN: _____

HOP DESCRIPTION DOES ___ DOES NOT ___ MEET THE CRITERIA AS PRESENTED BY THE APPLICANT AND ESTABLISHED BY CHAPTER 4-44.050 HOME OCCUPATIONS.

(Appeal of Staff Reviewer Decision to Planning Commission may occur upon payment of an Appeal Fee of $50.00 plus a $500.00 Deposit)

_____ _____

STAFF REVIEWER DATE

I declare under penalty of perjury that the aforementioned information contained herein is, to the best of my knowledge and belief, true and correct.
Signature: _____

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CITY OF GUSTINE
CHAPTER 4-44 – STANDARDS FOR SPECIFIC LAND USES
SECTION 4-44.050 – HOME OCCUPATIONS
EFFECTIVE OCTOBER 2, 2008

The following standards for home occupations are intended to provide reasonable opportunities for employment within the home, while avoiding changes to the residential character of a dwelling that accommodates a home occupation, or the surrounding neighborhood, where allowed by Article 2 (Allowable Land Uses and Zoning District Standards).

A. Business License required. A home occupation shall require a City Business License and a Home Occupation Permit. A permit to conduct a home occupation shall be obtained from the Director, or designee, prior to issuance of a business license.

B. Limitation on use. The following are examples of business activities that may be approved as home occupations, and uses that are prohibited as home occupations.

1. **Uses allowed as home occupations.** The following and other uses determined by the Director to be similar may be approved by the Director in compliance with this Section.
   a. Art and craft work (ceramics, painting, photography, sculpture, etc).
   b. Office-only uses, including an office for an architect, attorney, consultant, counselor, doctor, insurance agent, planner, tutor, writer and electronic commerce; and
   c. Tailors, sewing.
2. **Uses prohibited as home occupations.** The following are examples of business activities that are not incidental to or compatible with residential activities, and are, therefore, prohibited as home occupations:
   a. Adult entertainment activities/businesses;
   b. Animal hospitals and boarding facilities;
   c. Automotive and other vehicle repair and service (body or mechanical) painting, storage, or upholstery, or the repair, reconditioning, servicing, or manufacture of any vehicle engine, or of any motor vehicle, including automobiles, boats, motorcycles, or trucks;
   d. Commercial cabinet or furniture making, and similar uses;
   e. Contractor's and other storage yards;
   f. Fitness/health facilities, except those allowed under Subsection B.1;
   g. Medical clinics and laboratories;
   h. On-site sales, except that mail order businesses may be allowed where there is no stock-in-trade on the site;
   i. Personal services as defined in Article 9 (Glossary), except those allowed under Subsection B.;
   j. Transportation services, including ambulance, taxi, limousine, tow truck, etc. where the vehicles are parked on the property;
   k. Uses which require explosives or highly combustible or toxic materials;
   l. Welding and machine shop operations;
   m. Wood cutting businesses or
   n. Other uses the Director determines to be similar to those listed above.

C. Operation standards. Home occupations shall comply with all of the following operating standards.

1. **Accessory Use.** The home occupation shall be clearly secondary to the full-time use of the property as a residence.
2. **Location of home occupation activities.**
   a. **R-E zoning district.** Allowed home occupation activities may be conducted within an approved accessory structure in the R-E zoning district, provided that at least two covered parking spaces are continually maintained.
3. **Visibility.** The use shall not require any exterior modification to the structure not customarily found in a dwelling, nor shall the home occupation activity be visible from a public right-of-way, or from neighboring residential properties.
4. **Signs.** There shall be no signs, other than one name plate, not exceeding one square foot in area, and only if attached flush to a wall of the structure.
5. **Safety.** Activities conducted and equipment or material used shall not change the fire safety or occupancy classifications of the premises. The use shall not employ the storage of explosive, flammable, or hazardous materials beyond those normally associated with a residential use.
6. **Off-site effects.** No home occupation activity shall create dust, electrical interference, fumes, gas, glare, light, noise, odor, smoke, toxic/hazardous material, vibration, or other hazards or nuisances as determined by the Director.
7. **Outdoor display or storage.** There shall be no window display or outdoor storage or display of equipment, material, or supplies associated with the home occupation.
8. **Employees.** A home occupation shall have no on-site employees other than full-time residents of the dwelling.
9. **Client/customer visits.** The home occupation shall be operated so as to not require more than 6 vehicle trips per day of clients, customers, and/or visitors to the residence. On-site presence of clients or customers shall be limited to one client or family at a time, and only between the hours of 9:00 a.m. and 7:00 p.m.
10. **Deliveries.** The home occupation shall not involve the use of commercial vehicles for delivery of materials to or from the premises in a manner different from normal residential usage, except for FedEx, UPS, or USPS-type home pick-ups and deliveries.
11. **Utility service medications.** No utility service to the dwelling shall be modified solely to accommodate a home occupation, other than as required for normal residential use.

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APPLICATION FOR UTILITY SERVICE – PLEASE PRINT

Full Name as it appears on Applicant Identification: _____
CADL: _____
Name of Co-Applicant (if applicable): _____
CADL: _____

Service Address (Including Apt or Unit Number if applicable):
_____

Mailing Address for ALL Correspondence regarding the Account:
_____

Daytime Phone: _____-_____-_____ Mobile Phone: _____-_____-_____

Email: _____@_____.com

By signing, I am declaring that I do not, to my knowledge, have a previous account with the City on which I owe any delinquent amount. If the City finds I do have a previous delinquent account, I understand that the City will transfer all past due amounts to this account and that this debt will become part of my current account and I may be shut off if I do not pay that debt.

By signing, I am acknowledging that I understand that:

- A deposit in the full amount required by the City must accompany this request before service can begin.
- Accounts with 12 consecutive payments made on time will be reviewed quarterly. The deposits will be applied to the account balance at the time of review. If the balance is zero, a credit is issued to the account. Cash or check is not issued.
- Unless otherwise noted on the bill as an exception, payment for utilities is due by the 15th of each month.
- The due dates for payments may change and these will appear on the bill. I am responsible for reading my bill and making payments under the guidelines supplied in my bill.
- After the 15th of the month, the account is considered Past Due and a late charge is assessed on balance.
- Monthly bills list any Past Due amounts as well as the deadline for payment of the Past Due and Penalty. ***If payment on past due and penalty is not received by the date listed on the bill, the water service will be shut off.***
- On the date of disconnect for nonpayment, a shut off fee is applied to the account and must be paid, along with the Past Due, in order to reconnect service. Once shut off, customers must pay in cash, money order or credit card (in person with ID) to be reconnected. Only City personnel are to turn the water back on and customers can be charged with theft of utility for doing so.
- The City Council establishes and approves utility rates as well as fee schedules for shut-offs, reconnections and insufficient funds for checks; and any approved changes in the future will be applied to this account.
- If I am shut off for nonpayment, my account remains active for only one more billing cycle. At that time, the City will inactivate my account. To reestablish service at that address, I must pay a new deposit at the rate established by the City. I/we are responsible for this account until such time the City receives notification of departure of the address. The City will make that departure effective on the date it receives that notice from me. ***The responsibility to disconnect my service is entirely mine*** and NOT that of the City, the next tenant, the owner of the property or any other party. The City will provide a confirmation number of my shut off and I am responsible for retaining that number should any dispute arise.
- If there is a deposit left on my account upon disconnect, that will be applied to the final bill. If a balance remains, that payment will be made via check through the normal City check-writing timelines following the final meter read. If I move to another Gustine address, the City reserves the right to transfer any remaining deposit as a deposit on my new address.
- On single named accounts, I must make a request in writing to the City to add someone to the account. I understand that if my spouse is not listed on the account that he/she may not receive information on the account.
- Accounts are limited to two individuals listed on the account. Both the Applicant and the Co-Applicant will be held financially responsible if the account is sent to Collections.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Signature of Staff Member Receiving Form: _____ Date: _____

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EMERGENCY CONTACT INFORMATION

Business Name: _____ Nature of Business: _____
Address: _____ Business Phone: ____-____-_____
Owner/Manager: _____
Phone: ____-____-_____ Address: _____

Contact Person(s)

List person(s) that can be contacted after business hours. If person listed has key to business, check "Key"

1.) _____ Key ☐ Phone: ____-____-_____
2.) _____ Key ☐ Phone: ____-____-_____
3.) _____ Key ☐ Phone: ____-____-_____

Business Information

List Business Hours by day listed.

Monday: _____ Tuesday: _____ Wednesday: _____
Thursday: _____ Friday: _____ Saturday: _____
Sunday: _____

Alarm Information (Optional)

Alarm Present? ☐ No ☐ Yes
If yes, it is: ☐ Audible ☐Silent *And it is a* ☐Hold Up Alarm ☐Burglary alarm

Alarm Company: _____ Alarm Company Phone Number: ____-____-_____
Alarm Number: _____ Panel location: _____
(Optional) Reset Code: _____ Alarm Type: _____
(Optional) Reset Minutes: _____
Address at Rear (If applicable): _____

Dog on Premises? ☐ No ☐ Yes
Gun on Premises? ☐ No ☐ Yes

Additional Comments:
_____
_____
_____

Signature: _____ Date: _____

Anticipated Business Start Date: _____

If in the future there are any changes or additions to the above information, please contact the Gustine Police Department at (209) 854-3737.