

Note: Any change in ownership or address requires a new application

City of Lindsay Business License Application



FOR CITY USE ONLY

Acct.# _____

Class _____

Cat. Code _____

Bus. Group _____

1-Day Semi-annual Quarterly

Change of Owner Name Location

Business Name _____ Location of Business _____

Type of Business _____ Email _____

Mailing Address _____ City _____ State _____ ZIP _____

Email _____ Phone: () _____ Est. Monthly Gross Receipts _____

Type: Single Owner Partnership Corporation Name of Corporation (if applicable): _____

Owner Name _____

Owner Address _____ City _____ State _____ ZIP _____

State ID# _____ Fed. ID# (if applicable) _____ Board of Equalization # _____

State License# _____ Business Start Date or Date of Relocation _____

Business License Questionnaire

Fully describe/explain the nature of the business below in the space provided and then answer each question listed below

Yes No

1. WILL THE BUSINESS INSTALL, MODIFY, REHABILITATE A SIGN? IF YES, APPLY FOR BUILDING PERMIT AND COMPLETE "SIGN PERMIT ATTACHMENT F".

2. Will the building be used for education, instruction, daycare, worship, or dining? If yes, how many square feet will you be using? _____ What is the maximum number of people anticipated at any given time?

3. Will the business operation include selling or serving alcoholic beverages? If yes, what type of ABC license? _____ What is the size in square feet of the seating area? _____

4. Is this a home business? If Yes, you must apply for a Home Occupation Permit in addition to this application. Attached ___ Yes ___ No

5. Will the business operation include the sales or serving of tobacco products? If yes, what is the tobacco resale number? _____ What type of tobacco products will be sold? _____

6. Will the business operation include any work, use, or storage conducted outside of a wholly enclosed building? If yes, explain _____

7. Will the business change the occupancy? If yes, specify: _____

8. Will the business operation include discharging any waste, wastewater, or rinse water to the ground, street, or storm drain?

9. Will the business operation include washing of any equipment or vehicles?

10. Is the business a mobile car wash or car detailing business? **These businesses must be mobile, NEVER stationary.**

11. Will the business operation include the repair or maintenance of motor vehicles?

12. Will the business operation include motor vehicle fuel dispensing including gasoline, diesel, compressed natural gas, liquefied natural gas, liquefied petroleum gas (propane), or hydrogen gas?

13. Will the business operation include any use, processing, handling, storage, or discharge of chemicals, including hazardous chemicals and solvents?

14. Will the business generate any hazardous waste or e-waste at this site?
15. Will the business operation include sanding, cutting, or shaping of wood, metal, plastic, or other products producing combustible dust or fibers?
16. Will the business operation include manufacturing? If yes, specify _____
17. Will the business operation include the preparation of food or beverages? If food is prepared, must include organic recycling in refuse collection if the business generates 2 cubic yards/per week or more of solid waste. See below.
- 18. Commercial Utility Account:**

Before opening a commercial account, you will need the following.

- Copy of a lease agreement or proof of ownership.
- Have a signature on the business license by Planning ONLY (this will verify that your business is an allowed use at the location)
- Have paid the inspections fees
- Refuse assessment by Mid Valley Disposal. Contact Ricardo Torres at ricardot@midvalleydisposal.com or at 559-238-7998 (to obtain the type of services your business will need:

Recycle: _____ (___)/week **Green waste:** _____ (___)/week **Trash** _____ (___)/week

Organic: _____ (___)/week **Locking Bins:** ___ Yes ___ No

____ Are you requesting self-hauling of any of the refuse services above mention? If YES, customer must obtain approval and signature from Mid Valley Disposal Recycling Coordination as well as to submit the REFUSE SELF HAUL CERTIFICATION FORM. Attached ___ Yes ___ No

Self-Haul Certification Authorization:			
Approved By: _____	Recycle	Green Waste	Cooking Oil
Mid Valley Recycling Coordinator			
Approval Date: _____	Reference No: _____		
Received Self-Haul Certification Form: ___ Yes ___ No			

19. BUILDING OWNER/PROPERTY MANAGEMENT COMPANY INFORMATION

Select one: Building Owner Property Management Company

Name _____

Address _____ City and Zip _____

Telephone contact _____

Approval of the Business License Application does not alleviate the business owner/applicant from obtaining the required building permits for previously unpermitted construction or any proposed improvements.

20. Disability Access

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:

- DIVISION OF THE STATE ARCHITECT: <https://www.dgs.ca.gov/dsa>
- DEPARTMENT OF REHABILITATION: <https://www.dor.ca.gov/Home/DisabilityAccessServices>
- CALIFORNIA COMMISSION ON DISABILITY ACCESS: <https://www.dgs.ca.gov/CCDA>

21. Acknowledgements

I ACKNOWLEDGE AND UNDERSTAND THAT IT IS THE RESPONSIBILITY OF THE APPLICANT/LICENSEE TO ENSURE THEIR BUSINESS COMPLIES WITH ALL APPLICABLE CITY OF LINDSAY MUNICIPAL CODES, CITY ZONING ORDINANCES AND STATE AND FEDERAL LAWS. NON-COMPLIANCE MAY RESULT IN THE REVOCATION OF YOUR CITY OF LINDSAY BUSINESS LICENSE. *THE CITY OF LINDSAY RECOMMENDS BUSINESS OWNERS CONTACT THE CITY OF LINDSAY'S PLANNING DEPARTMENT AT (559) 562-7102 EXT 4 **PRIOR TO RENTING, LEASING OR PURCHASING A PROPERTY TO VERIFY THEIR PROPOSED USE COMPLIES WITH THE CITY OF LINDSAY'S ZONING ORDINANCE.***

I FURTHER UNDERSTAND THAT THE FOLLOWING APPLIES TO BUSINESSES WHO ARE MAKING APPLICATION FOR A CITY OF LINDSAY BUSINESS LICENSE (***Please initial beside each item to acknowledge you have read and understand:***):

_____ All signage must be reviewed and approved by the City of LINDSAY's City Services and Planning Department. Please contact (559) 562-7102 EXT 4 regarding sign permits **PRIOR TO** installation of **ANY** signage.

_____ All modifications, other than aesthetic changes (i.e. painting, flooring), to a structure located within the City of LINDSAY are subject to approval and issuance of a City of LINDSAY Building Permit. These include, but are not limited to, repairs and improvements to plumbing, electrical and mechanical systems. Please contact the City of LINDSAY's City Services Department at (559) 562-7102 EXT 4 **PRIOR TO** any alteration or modification of any building or structure to determine if a building permit is required.

_____ Trash and recycling services **ARE MANDATORY** in the City of LINDSAY.

_____ A business license will not be issued until the application has been reviewed by the Planning Department to determine if any land use approvals (i.e., discretionary permits) are necessary for compliance with zoning regulations. To confirm the zoning of your business, please contact the City of LINDSAY's Planning Department at (559) 562-7102 EXT 4.

_____ The business location will be required to maintain parking lots and existing landscaping if they are determined to need repair. The City of LINDSAY's Planning Department may require landscape for sites that do not have current landscaping. Lot frontage maintenance is the responsibility of the business at this location.

_____ Dependent on the type of tenant improvements which are proposed as part of your business, the site may be required to conform to all Americans with Disabilities Act (A.D.A.) improvements. It is advised that regardless, A.D.A. improvements be made to protect you, the business and/or property owner, from potential litigation. *Consultation with a Certified Access Specialist (CAsp) is strongly advised.*

_____ Contractors shall provide verification of Workers' Compensation Insurance coverage, if required by California law.

_____ To determine if an interceptor (ex, grease traps) is required or if an existing interceptor needs to be serviced in relation to the type of business operation you will be conducting (i.e. restaurant, food preparation, car/truck wash, etc.), please contact the City Services Department at (559) 562-7102 EXT 4

_____ Food vendors, retailers, and/or restaurants must obtain a Tulare County Environmental Health Permit prior to obtaining a business license from the City of Lindsay.

PRIOR TO THE ISSUANCE OF A BUSINESS LICENSE, THE CITY WILL CONDUCT AN INSPECTION OF THE BUSINESS LOCATION, IF LOCATED WITHIN THE INCORPORATED CITY LIMITS OF LINDSAY. THE PREMISES WILL BE INSPECTED **PRIOR TO** THE BUSINESS OPENING FOR BUSINESS AND MUST BE SET UP AND/OR STOCKED. IF THE CITY CANNOT CONTACT THE APPLICANT WITHIN 60 DAYS OF THE APPLICATION DATE, THE APPLICATION WILL CONSIDERED WITHDRAWN, AND ALL FEES PAID WILL BE NONREFUNDABLE.

SUBMITTAL OF A BUSINESS LICENSE APPLICATION AND PAYMENT OF FEE(S) DOES NOT CONSTITUTE AN APPROVAL OF A LICENSE TO OPERATE A BUSINESS. ***NO BUSINESS SHALL OPERATE UNTIL THE BUSINESS LICENSE HAS BEEN APPROVED AND ISSUED BY THE CITY OF LINDSAY.***

CAUTION!

Payment of Business Tax does not authorize payer to engage in a business or profession contrary to city ordinances (including zoning ordinances) or state and federal regulations

Sales and Use Tax may apply to your business activities. You may seek written advice regarding the application of tax to your particular business by writing to the nearest State Board of Equalization Office

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Authorized Signature _____ Date _____

FOR CITY USE

APPROVAL DATES	REMARKS	INSPECTION FEE	FEES	
Planning		Building \$	Regular	\$
Building		Fire \$	Application	\$
Fire		Total Insp Fee \$	CASP	\$
Tulare County Health		PAID DATE:	TOTAL AMOUNT DUE	\$
		RECEIPT #:		
APPROVAL SIGNATURES				
PLANNING DEPT.	BUILDING DEPT.	FIRE DEPT.	OTHER	

Zoning Classification _____
 Address _____
 APN _____
 Class of Building _____

Fire Zone District _____
 Areas and Neighborhood _____
 Occupancy Capacity _____