



**City of Dinuba**  
 1088 E. Kamm Avenue  
 Dinuba, CA 93618  
 (559) 591-5906    FAX (559) 591-5923

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Description: \_\_\_\_\_

Business Type: Wholesale \_\_\_\_\_ Retail \_\_\_\_\_ Manufacturing \_\_\_\_\_ Service \_\_\_\_\_

Federal I.D. or Social Security Number: \_\_\_\_\_

State Identification Number: \_\_\_\_\_ Sales Tax No. \_\_\_\_\_

Will alcoholic beverages be sold or served on premises: YES \_\_\_\_\_ NO \_\_\_\_\_

Will there be a burglary and/or robbery alarm system: YES \_\_\_\_\_ NO \_\_\_\_\_

Ownership Type: Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ LLC \_\_\_\_\_

Managers Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Owner Name: \_\_\_\_\_ Owner Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License: \_\_\_\_\_ Driver's License: \_\_\_\_\_

The City of Dinuba requires a certificate of Workers Compensation, naming the City of Dinuba as certificate holder on all businesses operating within the City. If you don't have worker's compensation insurance, or you do not have employees, please sign the waiver on the other side of form.

Worker's Compensation Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

	Description	Amount
Category Code _____		
Downtown Improvement District ( ) YES ( ) NO		
Zone 1 ( ) Zone 2 ( )		
<b>Inspection Approval</b>		
License # _____	<b>Inspection Fees</b>	
Planning Authorization: _____	<b>Fire Dept. Fee</b>	_____
Building Inspection: _____	<b>Business License</b>	_____
Fire Inspection: _____	<b>Downtown Fees</b>	_____
Police Service: _____	<b>SB 1186</b>	_____
Public Works Serv.: _____	<b>Total Fees</b>	_____
Public Works Director: _____		

**IMPORTANT NOTICE TO APPLICANT**

This application must be completed in full and returned to Public Works at least ten (0) days PRIOR to conducting any business activity. Section 5.12.100 b states, "...failure to make application for a license for a newly established business on or before the first day any business is carried on transacted, a penalty of twenty-five percent of the license tax or ten dollars, whichever is more, shall be added; and if not applied for within thirty days from the first day any business is carried on transacted, a penalty of twenty percent of the license tax or twenty dollars, whichever is more shall be added." \_\_\_\_\_ (initials)

The information requested is mandatory. This application will not be processed if the information required is incomplete. This information will be reported to the Franchise Tax Board, State Board of Equalization and/or Internal Revenue Service. \_\_\_\_\_ (initials)

**FEES**

- √ Upon receipt of your application, you will be charged \$92.00 Building Inspection Fee.
- √ Upon receipt of your application, you will be charged a \$65.00 Fire Inspection Fee.
- √ If you rent or lease, you will be charged a \$212.00 Utility Deposit when you start utility services.
- √ If you are conducting business out of your home, you will be charged for a HOME Occupation Permit.
- √ Business License Fee is based on gross receipts.
- √ If you are located in the Downtown Redevelopment District, you will be charged downtown fees.

I certify that I have read and understand the fees to the best of my ability. \_\_\_\_\_ (initials)

**ACKNOWLEDGEMENTS**

This business license is conditioned upon the business owner's compliance with all Federal, State and Local statutes pertaining to the business at all times. I understand and acknowledge that a business license will not be issued until authorized by the Public Works Department and all fees have been paid and all inspections have been cleared, which include Building, Fire, and Police Departments in accordance with the City of Dinuba Municipal Code, Chapter 5.04 and Chapter 1.12. I further acknowledge that a new application MUST be submitted whenever there is a change in ownership or location. I will notify this office immediately if there is any change in the mailing address or operating status of my business.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**WORKER'S COMPENSATION WAIVER  
CERTIFICATE PURSUANT TO CALIFORNIA LABOR CODE SECTION 3711**

**NO EMPLOYEES SUBJECT TO LAW**

I, the undersigned, shall not employ any person in any manner so as to become subject to the Worker's Compensation Law of California. I, Declare under the penalty of perjury under the laws of the State of California that the foregoing is true, and correct and that this dedication was executed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in \_\_\_\_\_, California.

Signature \_\_\_\_\_ Business Name \_\_\_\_\_

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**FOR FURTHER INFORMATION REGARDING:**

Sales Tax Permit (Resale License)	State Board of Equalization	800-400-7115
State Employer's ID Number	Employment Development Department	888-745-3886
Federal Employer's ID Number	Internal Revenue Service	559-443-7741
Fictitious Business Name Filing	Tulare County Clerk	559-636-5051
Tulare County Environmental Health	Tulare County Environmental Health	559-624-7400
Alcoholic Beverage Control Department	State pf California Alcoholic Beverage Dept.	559-225-6334



City of Dinuba  
Business License Application  
Supplement

**GENERAL CONTRACTOR/SUB-CONTRACTOR**

Business Name: \_\_\_\_\_

Licensing Information

State Contractor's License: \_\_\_\_\_  
 State Classification Code(s): \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_

Workers' Compensation

The City of Dinuba requires a certificate of Workers' Compensation naming the City as a certificate holder on a General Contractor/Sub-Contractor doing business within the City. If you do not have employees, please sign the waiver on the back of the Business License Application.

Business License Fee

General Contractor: \$82.25 (Classified as "A" or "B")			Sub-Contractor: \$43.50 (Classified as "C" or "D")		
Pro-Rated Fees			Pro-Rated Fees		
August	-	75.73	August	-	40.21
September	-	69.21	September	-	36.92
October	-	62.69	October	-	33.63
November	-	56.17	November	-	30.33
December	-	49.65	December	-	27.04
January	-	43.13	January	-	23.75
February	-	36.60	February	-	20.46
March	-	30.08	March	-	17.17
April	-	23.56	April	-	13.88
May	-	17.04	May	-	10.58
June	-	10.52	June	-	7.29

**Office Use Only**

Contractor's License Verified: \_\_\_\_\_  
Date Verified By

Workers' Compensation Verified: \_\_\_\_\_  
Date Verified By

## California Government Code Section 4469

On September 19, 2012 Governor Brown signed into law SB-1186 which adds a state fee of \$1.00 on any applicant for a local business license or similar instrument or permit, or renewal thereof. Effective January 1, 2018 this fee was increased to \$4.00. The purpose is to increase disability access and compliance with construction-related accessibility requirements and to develop educational resources for business in order to facilitate compliance with federal and state disability laws, as specified.

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 building 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](http://www.dgs.ca.gov/dsa/Home.aspx)
- [The Department of Rehabilitation at www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov)
- [The California Commission on Disability Access at www.cdda.ca.gov](http://www.cdda.ca.gov)