



## TREASURER AND TAX COLLECTOR

**Donna Riley**  
Treasurer and Tax Collector

PO Box 859, Modesto, CA 95353  
1010 10<sup>th</sup> Street, Ste 2500, Modesto, CA 95354  
Phone: 209-525-6388 Fax: 209-525-7868

### **STANISLAUS COUNTY BUSINESS LICENSE APPLICATION INSTRUCTIONS**

Please read and complete the application carefully and completely.

The completed application needs to be taken to the Planning Dept. for zoning approval. Planning is located at 1010 10<sup>th</sup> Street, Suite 3400; Modesto, CA. Once the application has been approved by Planning, return application plus all required documents to the Tax Collector's office for processing. The Treasurer – Tax Collector's office is located at 1010 10<sup>th</sup> Street, Suite 2500; Modesto CA. Once the business license is issued, any change of information will result in a New business license.

PLEASE NOTE THAT ADDITIONAL DOCUMENTS MAY BE REQUIRED BEFORE APPLICATION CAN BE ACCEPTED AND PROCESSED. Dependent upon the type of business, a supplemental application may be required. Examples include massage parlors, sales of firearms, etc.

1. If the surname (last name) of the business owner is not in the business name, please attach a copy of your Fictitious Business Name Statement. If you do not have one, please contact the Stanislaus County Clerk Recorder's office at (209) 525-5260. The Fictitious Business Name Statement expires 5 years from the date of filing.
2. If the business is owned by a Corporation, LLC or partnership, please attach the following documents pertaining to your business:
  - a. Articles of Incorporation or LLC papers (both registered through the State)
  - b. List of officers or authorized agents for the business
  - c. ID of person who signed application OR Business card if not an officer or agent
  - d. Partnership Agreement (if any)
3. If the business name is not the Corporation/LLC name, then a Fictitious Business Name Statement will need to be filed.
4. A current copy of government issued identification is required from ALL partners. In the case of Corporation/LLC, current identification of person signing the application. Acceptable forms of identification include:
  - a. State of California or any other State issued driver's license or ID card with photo;
  - b. Any country's passport with photo; and
  - c. United States Permanent Resident (Green) Card
5. If the business owner does not own the property, the property owner's signature is required; or attach a copy of the current signed lease agreement authorizing the use. Both are not required.



NEW BUSINESS LICENSE APPLICATION

Planning & Community Development  
1010 10<sup>th</sup> Street, Suite 3400  
Modesto, CA 95354  
Ph: (209) 525-6330

BUSINESS LICENSE RENEWAL

Treasurer/Tax Collector  
1010 10<sup>th</sup> Street, Suite 2500  
Modesto, CA 95354  
Ph: (209) 525-6388

FEE \$ \_\_\_\_\_ PENALTY \$ \_\_\_\_\_ TOTAL \$ \_\_\_\_\_ LICENSE NO: \_\_\_\_\_

CASH       CHECK NO. \_\_\_\_\_       CREDIT CARD      EXPIRATION DATE: \_\_\_\_\_

APN: \_\_\_\_\_ ZONE: \_\_\_\_\_ PLANNING APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

HOME OCCUPATION     COTTAGE FOOD OP.     LEGAL NON CONFORMING     USE PERMIT    USE CODE: \_\_\_\_\_

Revised 5/2013 ( For County Office Use Only )

Type/description of Business: \_\_\_\_\_ Date Business Opened \_\_\_\_\_

Description of Activities: \_\_\_\_\_

Corporation Name (If applicable) \_\_\_\_\_  
*(If owned by a corporation, please include Articles of Incorporation/LLC papers and list of officers or authorized agents)*

Business Name \_\_\_\_\_  
*(A Fictitious Business Name Statement may be required-contact the County Clerk Records Office for more info at (209) 525-5250)*

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you  Own or  Rent/Lease the property at the business location above (Please select one)

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Owner's Name \_\_\_\_\_ Business Phone# (\_\_\_\_\_) \_\_\_\_\_

Business Owner's Home Address \_\_\_\_\_

Dr Lic/ID# Copy Attached  Emergency Contact Person: \_\_\_\_\_ Emergency Phone# (\_\_\_\_\_) \_\_\_\_\_  
**(COPY REQUIRED)** *(May be used by law enforcement for after hours emergencies)*

Sole Proprietorship       Partnership       Corporation       LLC      (Please select one)

**Co-owner/Partner Information:**      \*\*\*Copy of State ID required for each owner\*\*\*      *(Attach additional sheets if necessary)*

Name: \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Home Occupation Information:**      *(Please read reverse side and sign below)*

Days of operation: \_\_\_\_\_ Hours: \_\_\_\_\_

Type of commercial vehicle associated with business: \_\_\_\_\_

Additional on-site structures used for business: \_\_\_\_\_

NOTE: A business license does not authorize business activities or uses which are not otherwise authorized by the zoning for the property or a preexisting legal nonconforming use or authorize the business owner to conduct a business in violation of local state or federal laws. It is the business owner's responsibility to maintain compliance with all applicable zoning district rules and limitations. Any violation of said rules and limitations render this license void and may result in code enforcement action and/or fine. Any change in the type of business and/or intensity, expansion of a home occupation or legal nonconforming use must be reviewed by Stanislaus County Planning and Community Development Department for compliance.

I declare under penalty of perjury that I have fully read this application and, provided true statements under the penalty of perjury of the laws of the State of California. If applying for a home occupation, I also have fully read the rules and limitations on the reverse side of this application, and by my signature below agree to abide by all rules and limitations.

\_\_\_\_\_  
Business Owner's Signature      Date

I declare under penalty of perjury that I have fully read this application and grant permission and authority for the operation of the business at the above location

\_\_\_\_\_  
Property Owner's Signature or copy of signed leased agreement      Date