



City of Riverbank Business License Information

Application Procedures

1. Complete all pages of our Business License Application. All sections must be completed.
2. The following must be submitted along with your completed application:
 - A. **\$25 One-time, Non-refundable Application Processing Fee**
 - Contractors* & Massage Therapists*** please see Note on page 2.
 - B. **Copies of Drivers' Licenses/ID Cards for all Partners listed on the Application.**
 - If your business is a corporation, please attach a listing of all the Corporate Officers to the application.
 - C. **A copy of your Fictitious Business Name Statement**
 - This may be obtained from the Stanislaus County Clerk Recorders Office located at:
1021 I Street
Modesto, CA 95354
Phone: (209) 525-5250
 - D. **A copy of your Worker's Compensation Policy** (if applicable).
 - E. **A copy of your Sellers Permit** from the CA Board of Equalization.
 - F. **Important: You may need a fire inspection at your location in order to operate your business. If a fire inspection is necessary, you will be required to pay a fire inspection fee to Stanislaus Consolidated Fire.**
3. Please submit your completed application, in person or by mail, to:

City of Riverbank
Attn: Business Licenses
6617 Third Street
Riverbank, CA 95367
4. Please allow 3-4 weeks for approval. Once your license has been approved, the Business License Department will contact you.



City of Riverbank Business License Information

Business License Fees

The following business license fees are not due until your application has been approved:

Every person who engages in business within the City, or who has a fixed place of business inside the City, shall pay a license fee as follows:

Number of Employees	Annual Fee
Sole Proprietor	\$75
1 – 25 Employees	\$75
26 - 50 Employees	\$125
51 or More Employees	\$200
Contractors/Sub Contractors*	\$120 (or \$30 per Quarter)
Farmers' Market Fee	\$15 (June - October 1)
SB 1186 Compliance Fee**	\$4

SB 1186 COMPLIANCE**

On September 19, 2012 Governor Brown signed into law SB 1186 which adds a state fee of \$1 on any applicant for a local business license or renewal. The purpose is to increase disability access and compliance with construction-related accessibility requirements and to develop educational resources for businesses in order to facilitate compliance with federal and state disability laws, as specified. This fee is a state-mandated fee and cannot be waived for any business. This fee applies to all businesses, including home occupations, any outside company doing business within the city limits, and delivery vehicles. Effective January 1, 2018, this fee will increase from \$1 to \$4, per application and renewal.

Note:

*** Contractors/Sub-Contractors**

If you are a contractor or sub-contractor and will be performing only one job within the city limits, the application processing fee may be waived. Your license will be charged on a quarterly basis at \$30 per quarter.

***** Massage Therapy License**

Please contact the Business License Department at (209) 863-7109 for information regarding obtaining your license.



BUSINESS LICENSE APPLICATION

CITY OF RIVERBANK FINANCE DEPARTMENT

6617 THIRD ST RIVERBANK, CA 95367 (209) 863-7109 FAX (209) 869-7126

NOTE: SALES OR 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. FOR MORE INFORMATION CALL 1-800-400-7115 OR VISIT WWW.BOE.CA.GOV.

BUSINESS INFORMATION

Business Name: _____ Date of Application: _____

Legal Name (If Corporation): _____ Business Phone: (_____) _____

Business Address (with city state zip): _____

Service of Process Address (with city state zip): _____

(address where each applicant consents to receive Service of Process)

Business Mailing Address (with city state zip): _____

(if different than Service of Process address)

Contact Person: _____ Business Phone: (_____) _____

Contact Email: _____ Business Website: _____

Federal ID No: _____ Resale No: _____ State ID No. _____

Detailed Description of Business: _____

No. of Employees: _____ Employees in 5 years: _____ Estimated Annual Sales: \$ _____ Sales in 5 years: \$ _____

OWNERS INFORMATION

Name: _____ Phone : (_____) _____

Home Address (with city state zip): _____

Contractor State License No: _____ Expiration Date: _____

Partner Name (If applicable): _____ Phone : (_____) _____

Partner Home Address (with city state zip): _____

VEHICLE INFORMATION (Commercial vehicles used for business. Attach additional sheets if necessary)

Vehicle #1: _____ Vehicle #2: _____
Type License Number Type License Number

OFFICE USE:	APN _____	Zoning Compliance: Yes/No	Enterprise Zone: Yes/No	Special Conditions: Yes/No
PLANNING DEPT	_____		APPROVE/DENY	DATE _____
BUILDING DEPT	_____		APPROVE/DENY	DATE _____
FIRE DEPT	_____		APPROVE/DENY	DATE _____
SHERRIFF'S DEPT	_____		APPROVE/DENY	DATE _____
WASTE WATER TREATMENT PLANT	_____		APPROVE/DENY	DATE _____
WATER DEPARTMENT	_____		APPROVE/DENY	DATE _____
ADMINISTRATION	_____		APPROVE/DENY	DATE _____

SPECIAL CONDITIONS/COMMENTS:

WORKERS' COMPENSATION DECLARATION

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO \$1,000,000 IN ADDITION TO THE COST OF COMPENSATION AND DAMAGES, INTEREST AND ATTORNEY'S FEES, AS PROVIDED FOR IN SECTION 3700 OF THE LABOR CODE.

I hereby affirm, under penalties, one of the following declarations:

- I have and will maintain a Certificate of Consent to self-insure for Workers Compensation as provided by Section 3700 for the duration of any business activities conducted for which this license is issued or,
- I have and will maintain Workers Compensation as required by Section 3700 for the duration of any business activities Conducted for which this license is issued.

Workers Compensation Carrier and Policy Number: Carrier _____ Policy No. _____

I certify that in the performance of any business activities for which this license is issued, I shall not employ any persons in any manner so as to become subject to the Workers Compensation laws of California. I hereby also agree, that if 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.

Number of Employees _____ Business Owner Signature _____

REQUEST FOR HOME OCCUPATION PERMIT

The applicant proposes to conduct the following business in their home. Title 11 of the Riverbank Code of Ordinances regulates Home Occupations. It is the intent of the following criteria to reduce the impact of a Home Occupation to the degree that its effects on a neighborhood are undetectable from normal residential activity. Additional information may be required.

PLEASE CHECK ALL OF THE FOLLOWING ACKNOWLEDGING YOUR UNDERSTANDING OF THE LIMITATIONS ON HOME OCCUPATIONS:

- Only occupants of the dwelling shall be engaged in the home occupation on the subject property. In the event of a partnership or corporation, at least one of the members must be a resident of the subject property.
- Off-site employees or partners are permitted so long as they do not work or report for work at subject property.
- The use of the dwelling for the home occupation shall be clearly incidental and subordinate to its use for residential purposes. The home occupation may be conducted in the principal dwelling or accessory structure on the subject property, provided that the area does not exceed 20% of the habitable floor area of the principal dwelling.
- There shall be no mechanical equipment or operation used which creates or makes noise, dust, odor, vibration or other effects detectable at the property line. Noise level at the property line shall not exceed 65 dBA.
- There shall be no display of products produced by the home occupation visible in any manner from the outside of the dwelling unit.
- The use shall not generate pedestrian or vehicular traffic beyond that which is normal in a residential district nor in any case require the parking of more than two additional vehicles at any one time.
- There shall be no storage of material or supplies out of doors.
- There shall be no change in the outside appearance of the building premises, or any visible evidence of the conduct of such home occupation other than one sign not to exceed two square feet.
- There shall be no advertising of a home occupation which uses the address of the location.

The following specific home occupation uses shall be permitted subject to further limitations as follows:

- (1) Beauty/Barber shops limited to one customer.
- (2) Contractors' and subcontractors' offices are permitted as home occupations. However, the storage of materials, equipment, commercial vehicles of more than one ton, nor more than one vehicle of less than one ton not normally associated with residential uses shall be prohibited.
- (3) Swimming lessons, music lessons and other similar lessons, when given to no more than three students at a time.

PLEASE CHECK ALL OF THE FOLLOWING ACKNOWLEDGING YOUR UNDERSTANDING OF THE PROHIBITED HOME OCCUPATIONS:

- Repair or reconditioning of motorized vehicles or equipment, on site.
- Manufacturing, including cabinet shops and similar uses.
- Repair or reconditioning of major household appliances, including refrigerators, freezers, clothes washers/dryers, dish washers, stoves, heating and air-conditioning equipment and lawn mowers.
- Repair or reconditioning of boats or recreational vehicles.
- Medical, Dental and Chiropractic clinics and offices.
- There shall be no delivery of merchandise to customers at the premises other than that incidental to a service conducted on the premises.

Owner: Renter: _____
APPLICANT'S SIGNATURE PROPERTY OWNER SIGNATURE (IF RENTING)

SB 1186 COMPLIANCE

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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:

- The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx
- The Department of Rehabilitation at www.rehab.cahwnet.gov/
- The California Commission on Disability Access at www.cdda.ca.gov

PLEASE SIGN BELOW ACKNOWLEDGING YOUR UNDERSTANDING OF THE SB 1186 LAW:

Applicant Signature

Partner's Signature (if any)



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Confidential Addendum

Owner Name: _____ Owner Cell Phone (_____) _____

SS # or other accepted ID* _____ DOB: _____

Driver's License No. (Attach copy) _____

Owner's Signature _____ Date: _____

Partner Name (If applicable): _____ Owner Cell Phone :(_____) _____

SS # or other accepted ID* _____ DOB: _____

Driver's License No. (Attach copy) _____

Partner's Signature: _____ Date: _____

INCORPORATED ENTITIES ONLY

PLEASE ATTACH A LISTING OF ALL CORPORATE OFFICERS

* Other accepted ID as defined per California Business and Professions Code section 16000.1

A city that licenses businesses carried on within its jurisdiction shall accept a California driver's license or identification number, an individual taxpayer identification number, or a municipal identification number in lieu of a social security number if the city otherwise requires a social security number for the issuance of a business license



BUSINESS LICENSE APPLICATION

CITY OF RIVERBANK FINANCE DEPARTMENT

6617 THIRD ST RIVERBANK, CA 95367

PHONE (209) 863-7109 FAX (209) 869-7126

Dear Applicant(s),

In an effort to stem the increasing incidence of businesses operating in violation of Planning, Building, Fire, Water or Sewer Department regulations, the City has adopted a policy of forwarding its Business License applications to those agencies or city departments for their evaluation. Those agencies or city departments will then take appropriate action toward your business as it relates to their regulations.

If you are currently operating a business or contemplate opening a business in the City of Riverbank, we would urge that you check with each department as to their specific requirements for your type, location, etc., of business before you obtain a building lease, a business license, or open for operation.

The issuance of a City of Riverbank Business License in no way assures you a continuing right to operate a business not in conformance with the regulatory provisions of the above mentioned departments or any other State or County ordinance that may apply to the operation of your type of business.

By checking with these agencies prior to any irrevocable decision on your part, you may very well save a considerable amount of money, time and trouble in getting your business into a productive stage of operation.

We would like to thank you for your anticipated cooperation in this effort and wish you a happy, healthful business climate and much success in your venture.

Sincerely,

City of Riverbank Finance Department

This letter is required to be signed by all business license applicants located in the City. This is a part of the packet to be filed with the Finance Department.

Date: _____

Signature of Applicant

Name of Business