



**CITY OF CERES**  
**APPLICATION FOR BUSINESS LICENSE**  
Tax Area Code – 50011

<b>OFFICE USE ONLY</b>	
Lic. No.	_____
New Acct.	_____
Update Acct.	_____

Corporation Name \_\_\_\_\_

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

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

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

Business Phone (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Cell Phone # (\_\_\_\_) \_\_\_\_\_ State Employer ID# \_\_\_\_\_ Federal ID# \_\_\_\_\_

Social Security # \_\_\_\_\_ Contractor's Lic.# \_\_\_\_\_ State Resale# \_\_\_\_\_

Date business opened or (**FOR CONTRACTORS**) when job started in Ceres \_\_\_\_\_

**Complete Business Description**

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*Check one of the boxes that best describes your business:*

Service     Retail Sales     Delivery     Contractor     Rentals     Wholesaler

Sale/Firearms     Sale/Used Merchandise     Door to Door Solicitor

Partnership     LTD     Sole Proprietorship     Corporation     LLC

List Name of Owner	Driver's Lic. #	Date of Birth	Home Address (w/ Zip)	Home Phone

**FOR CORPORATIONS ONLY:**

List Name of Officers/Contacts	Title	Contact Address (w/ Zip)	Contact Phone

**Your business location will be checked by the zoning, building, police, and fire departments. If you have any doubt that your business location, activity, and/or building does not conform with the requirements of the municipal code, you are urged to contact those departments for further information before completing this application.**

*I declare under penalty of perjury, that to the best of my knowledge and belief, the statements made herein are true.*

\_\_\_\_\_  
Owner or Authorized Signature \_\_\_\_\_  
Date

**MAIL TO: City of Ceres, Business License Department, 2720 Second Street, Ceres, CA 95307-3292**  
**PHONE: (209) 538-5768** **WEB ADDRESS: [www.ci.ceres.ca.us](http://www.ci.ceres.ca.us)**

**OFFICE USE ONLY**

Plan Div.: \_\_\_\_\_ Approved:  Date: \_\_\_\_\_ Zoning \_\_\_\_\_

Bldg Div.: \_\_\_\_\_ Approved:  Date: \_\_\_\_\_ Comments \_\_\_\_\_

Fire Dept.: \_\_\_\_\_ Approved:  Date: \_\_\_\_\_ Comments \_\_\_\_\_

Police Dept.: \_\_\_\_\_ Approved:  Date: \_\_\_\_\_ Comments \_\_\_\_\_

PW Dept.: \_\_\_\_\_ Approved:  Date: \_\_\_\_\_ Comments \_\_\_\_\_

**BUSINESS LICENSE FEES MUST BE PAID WITH CASH OR CHECK**