



BUSINESS LICENSE APPLICATION

Please check applicable boxes and complete entire application.

- Individual
- Husband/Wife
- Employee
- Corporation
- Limited Liability Co.
- Partnership
- New Application
- Renewal Application
- Information Change
- Additional Street Location

BUSINESS INFORMATION

Business Name:

Employer:

Business Address: _____ City: _____ Zip: _____

Business Mailing Address Same As Above:

If different Mail to: _____ City: _____ Zip: _____

Company Phone: _____ Email Address: _____

Owner Name: _____ Owner Phone: _____

Owner Address: _____ City: _____ Zip: _____

Authorized Agent _____

Operating Manager: _____

Type of Business: _____ (List Activities; List items buying or selling, Please Indicate if new items, used or both)

Business Tax Identification Number: _____

Seller Permit or Resale Number: _____ Health Permit Number(s): _____

I have read all of the above and declare under penalty of perjury that each and every statement made is true and correct: knowingly falsifying the information on this form may constitute grounds for denial or revocation of the license. "THIS LICENSE IS CONDITIONED UPON RECEIPT BY THE SHERIFF OF A SATISFACTORY REPORT FROM THE DEPARTMENT OF JUSTICE". The filing of an application for a license shall be deemed consent by the applicant, officers and applicant's or licensee's employees for the Sheriff's Office and other interested county departments including, but not limited to the directors of Planning and Development, Fire, Health, Building, and Zoning departments to determine all statements on the application are true, correct and that the ordinances and regulations are complied with. Furthermore, I understand that if my application for license or renewal is denied for any reason, the Sheriff shall refund only that portion of the fee allocated to pay for post-issuance or renewal enforcement. (KERN COUNTY ORDINANCE CODE TITLE 5, CHAPTER 5.04.160)

X

Applicant Signature
Title and Date Signed

APPLICANT PERSONAL INFORMATION

Applicant Name: _____

Aliases/Other Names: _____

Date of Birth: _____ Height: _____ Weight: _____

Driver's License Number: _____ Social Security Number: _____

Address: Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Work Phone: _____ Cell Phone: _____

Have you ever been charged with a felony? [Click here to enter text.](#)

Have you been charged with a misdemeanor in the last five years? [Click here to enter text.](#)

Have you ever been in jail or prison? [Click here to enter text.](#)

If you answered YES to any of the above questions, please give date(s) and explanation of charges:

[Click here to enter text.](#)

Former Employment

(Begin with the most current for the past three years)

FROM – TO

EMPLOYER

ADDRESS

List Two References

1) Name: _____ Telephone: _____

Address: _____

2) Name: _____ Telephone: _____

Address: _____

I have read all the above and declare under penalty of perjury that each and every statement made is true and correct: knowingly falsifying the information on this form may constitute grounds for denial or revocation of the license.

APPLICANT SIGNATURE _____

DATE: _____

COUNTY BUSINESS TYPE AND LOCATION:

Per County ordinance Title 5 Business Licenses and Regulations, 5.04.010 and 5.04.020, please check the appropriate boxes for the type of license applicable to your business:

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Street Vendor
<input type="checkbox"/> Itinerant (Mobile) Peddler
<input type="checkbox"/> Dance (non-residential only)
<input type="checkbox"/> Loose Vehicle Parts
<input type="checkbox"/> Fortune Teller
<input type="checkbox"/> Commercial Photographer
<input type="checkbox"/> Taxi Cab Service
<input type="checkbox"/> Taxi Cab Driver
<input type="checkbox"/> Bingo (must be nonprofit)
<input type="checkbox"/> Locksmith
<input type="checkbox"/> Circus/Carnival
<input type="checkbox"/> Swap Meet Owner
<input type="checkbox"/> Massage Establishment
<input type="checkbox"/> Temporary Business License
<input type="checkbox"/> Adult Entertainment
<input type="checkbox"/> Weapon Dealer | <input type="checkbox"/> Food Sales
<input type="checkbox"/> Ice Cream or Shaved Ice Truck
<input type="checkbox"/> Shaved Ice Shack
<input type="checkbox"/> Trailer
<input type="checkbox"/> Catering Truck / Van
<input type="checkbox"/> New Items
<input type="checkbox"/> Used Items
<input type="checkbox"/> Produce
<input type="checkbox"/> Firearm Sales
<input type="checkbox"/> Ammunition Sales
<input type="checkbox"/> Tire Sales
<input type="checkbox"/> Home Office
<input type="checkbox"/> Stand/ Table
<input type="checkbox"/> On Line Sales
<input type="checkbox"/> Commercial Zoned Building
<input type="checkbox"/> Shooting Gallery |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Physical Street Address or location where business or sales is/are conducted: (Provide written permission, rental or lease agreement for premises. Provide home occupational permit for residential business, a site plan may be required)

NAME: _____

LOCATION: _____

DAYS: _____

HOURS: _____

Below is for County Department Approval of Business License Application

Sheriff's Office	Approved: <input type="checkbox"/> Denied: <input type="checkbox"/>	By: _____	Date: _____
Planning or Zoning	Approved: <input type="checkbox"/> Denied: <input type="checkbox"/>	By: _____	Date: _____
Comments: _____			
Environmental Health	Approved: <input type="checkbox"/> Denied: <input type="checkbox"/>	By: _____	Date: _____
Comments: _____			
Fire	Approved: <input type="checkbox"/> Denied: <input type="checkbox"/>	By: _____	Date: _____
Comments: _____			