

**CITY OF SHAFTER  
BUSINESS LICENSE APPLICATION  
336 PACIFIC AVENUE  
SHAFTER, CA 93263  
(661) 746-5001**

Date \_\_\_\_\_

PLEASE CHECK ONE:

SOLE PROPRIETOR \_\_\_\_\_

PARTNERSHIP \_\_\_\_\_

CORPORATION \_\_\_\_\_

Federal \_\_\_\_\_

State ID # \_\_\_\_\_

Social Security # \_\_\_\_\_

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

Phone \_\_\_\_\_

Business Location \_\_\_\_\_

Contractor's License # \_\_\_\_\_

Mailing Address \_\_\_\_\_

ZIP \_\_\_\_\_

Type of Business Activity \_\_\_\_\_

Resale # \_\_\_\_\_

**TYPE OF APPLICATION:**

**NUMBER OF MACHINES:**

**TYPE OF BUSINESS:**

**NUMBER OF EMPLOYEES:**

\_\_\_\_ New Business

\_\_\_\_ Pool Tables

\_\_\_\_ General

\_\_\_\_ Full Time

\_\_\_\_ Address Change

\_\_\_\_ Video Machines

\_\_\_\_ Professional

\_\_\_\_ Part Time

\_\_\_\_ Ownership Change

\_\_\_\_ Pinball Machines

\_\_\_\_ Second Hand Store

\_\_\_\_ Annual Renewal

\_\_\_\_ Washing Machines

Daytime

Applicant/Manager \_\_\_\_\_

Phone \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_

Address \_\_\_\_\_

Home

Phone \_\_\_\_\_

**NOTE\*** Before engaging in business activity, please ensure that the business described in this application is a permitted land use at the proposed location. This license only means that the business tax payment has been paid and is not a permit to engage in business. Be advised that 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.

I, THE UNDERSIGNED, HEREBY AFFIRM THAT ALL INFORMATION GIVEN IN THIS APPLICATION WAS GIVEN BY ME AND IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Print Name of Applicant \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

(OFFICE USE ONLY)

GENERAL PLAN DESIGNATION \_\_\_\_\_ ZONE DISTRICT \_\_\_\_\_

BUSINESS ID# \_\_\_\_\_

IS BUSINESS A PERMITTED USE FOR PROPOSED LOCATION? \_\_\_\_\_

LICENSE ID # \_\_\_\_\_

PLANNING \_\_\_\_\_ BUILDING \_\_\_\_\_

POLICE \_\_\_\_\_ HEALTH \_\_\_\_\_

COMMENTS: \_\_\_\_\_

AMOUNT \$ \_\_\_\_\_

APPROVED [ ]

DENIED [ ]

DATE PAID \_\_\_\_\_

CITY OF SHAFTER

BUSINESS LICENSE APPLICATION

WORKERS' COMPENSATION DECLARATION

I hereby affirm, under penalty of perjury, one of the following declarations:

I certify that in the performance of any business activities for which this license is issued I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and 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.

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.

I have and will maintain workers' compensation insurance, as required by Section 3700, for the duration of any business activities conducted for which this license is issued.

My workers' compensation insurance carrier and policy number are:

Carrier: \_\_\_\_\_

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

Date: \_\_\_\_\_ Applicant: \_\_\_\_\_

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO \$100,000.00, IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

IMPORTANT NOTE

If you plan to place signs on the building in which you will be conducting your business, or if you plan to paint the building or any portion of it, please contact the Planning Department at City Hall to ensure compliance with City Codes.