



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*, Farmers' Market Vendors** & Massage Establishments/Practitioners***, 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 provide a listing of all the Corporate Officers and Articles of Incorporation.
 - 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 Resale License (if applicable).
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 2-3 Weeks for approval. Once your license has been approved, the Business License Department will contact you.



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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 (\$30 per Quarter)
Farmers' Market Fee**	\$15 (May thru September)

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.

**** Farmers' Market Vendors**

If you will be participating in the Farmers' Market, the \$25 application processing fee will be waived. For more information regarding the Farmers' Market, please contact the City Clerk's Office at (209) 863-7114.

***** Massage Establishment & Practitioners**

In addition to your City license, you will be required to obtain a secondary license from the Riverbank Police Services for an additional fee. Please contact the Business License Department at (209) 863-7109 for more information.



BUSINESS LICENSE APPLICATION

CITY OF RIVERBANK FINANCE DEPARTMENT

6617 THIRD ST RIVERBANK, CA 95367 (209) 869-7101 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): _____

Business Mailing Address (with city state zip): _____

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: \$ _____

OWNER INFORMATION

Name: _____ Owner Phone :(____) _____

Home Address (with city state zip): _____

Contractor State License No: _____ Expiration Date: _____

Partner Name (If applicable): _____ Owner 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 RDA: Yes/No Enterprise Zone: Yes/No Special Conditions: Yes/No

PLANNING DEPT _____ DATE _____

BUILDING DEPT _____ DATE _____

FIRE DEPT _____ DATE _____

SHERIFF'S DEPT _____ DATE _____

ADMINISTRATION _____ DATE _____

WASTE WATER TREATMENT PLANT _____ DATE _____

WATER DEPARTMENT _____ DATE _____

Date Copy was remitted to Economic Development _____

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 \$1,000,000.00 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.
- 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.

My Workers Compensation carrier and policy number are: 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 the following that pertain to you:

- ONLY OCCUPANTS OF THE DWELLING SHALL BE ENGAGED IN THE HOME OCCUPATION. 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 AND/OR PARTNERS ARE PERMITTED SO LONG AS THEY DO NOT WORK OR REPORT FOR WORK AT SUBJECT PROPERTY.
- THE USE OF THE DWELLING 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 PROVIDED THAT THE AREA DOES NOT EXCEED 20-PERCENT OF THE HABITABLE FLOOR AREA OF THE MAIN DWELLING.
- THERE SHALL BE NO MECHANICAL EQUIPMENT OR SUCH OPERATION USED WHICH CREATES NOISE/DUST/ODOR/VIBRATION OR OTHER EFFECTS DETECTABLE AT THE PROPERTY LINE. NOISE LEVEL AT THE PROPERTY LINE SHALL NOT EXCEED 65DBA.
- 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/VEHICULAR TRAFFIC BEYOND THAT WHICH IS NORMAL IN A RESIDENTIAL DISTRICT AND THERE SHALL BE NO CHANGE IN THE OUTSIDE APPEARANCE OF THE PREMISES OR ANY VISIBLE EVIDENCE OF SUCH HOME OCCUPATION.
- THERE SHALL BE NO STORAGE OF MATERIAL OR SUPPLIES OUT OF DOORS.
- THERE SHALL BE NO ADVERTISING OF THE HOME OCCUPATION THAT USES THE LOCATION ADDRESS.

Owner: _____ Renter: _____

APPLICANT'S SIGNATURE

PROPERTY OWNER SIGNATURE (IF RENTING)



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Confidential Addendum

Owner Name: _____ Owner Phone: (____) _____

SS # _____ DOB: _____

Drivers License No. (Attach copy) _____

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

SS # _____ DOB: _____

Drivers License No. (Attach copy) _____

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

SS # _____ DOB: _____

Drivers License No. (Attach copy) _____