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**BUSINESS LICENSE PERMIT INFORMATION AND PROCEDURE**

**INTRODUCTION**

County Ordinance, Section 5.04.050, states that no person shall maintain, conduct or carry on a business, whether or not for profit, within the county of Madera and outside the limits of any incorporated city without first obtaining a business license. No person shall establish a new or additional business location, change or expand the business use of any building or participate in a change of business ownership without first obtaining a new license.

**PROCEDURE**

1. The Planning, Engineering and Environmental Health Divisions assist the Treasurer-Tax Collector in processing Business Licenses by reviewing applications for compliance with County Codes before a license is issued. If your business is required to have a health permit, your application will also be reviewed by the Environmental Health Division.
2. To obtain a new Business License you need to submit to the Community and Economic Development (CED), at the address listed above, the ENTIRE APPLICATION COMPLETELY FILLED IN. Indicate Not Applicable (N/A) where appropriate.
3. A non-refundable check payable to Madera County for \$207.00 is required to begin the review process. (\$40.00 License Fee, \$135.00 review fee, \$28.00 software automation fee, and \$4.00 SB1186).
4. If your application is completed and reviewed in the months of: **April, May, June, October, November or December**, this non-refundable check will be *pro-rated* to \$177.00.
5. You will need to obtain a parcel number from the Madera County Assessor's Office if your business is located in Madera County. The number may be found on your yearly tax bill or obtained by contacting the County Assessor's Office at (559) 675-7710. It is your responsibility to be sure you have the correct APN prior to submitting an application.
6. If you have one or more employees, you must also obtain Workers Compensation Insurance. Please include the carrier name and policy number in the space provided labeled DECLARATION.
7. If you are a contractor, sub-contractor or specialty contractor you will need to include your contractor's license number on the application.
8. A valid Business License will be prepared and mailed to you through the Treasurer-Tax Collector's office after the Planning Division has approved and submitted your application to the Treasurer-Tax Collector's office.

**INFORMATION**

Per Business and Professions Code 16000.2 enacted on September 23, 2023, you are hereby notified that all single-user toilet facilities in any business establishment, place of public accommodation, or government agency must be identified as all-gender toilet facilities.

If your application is denied for any reason the \$44.00 (or \$14.00 if applied for in the months of: April, May, June, October, November and December) Business License Fee will be refunded to you by the County with the denial notice.

A \$59.00 annual Business License renewal fee becomes due in one of two cycles. Licenses will either expire on February 28<sup>th</sup> or August 31<sup>st</sup>.

After the last day of the month following the month of license expiration, license renewals shall be delinquent. The Tax Collector shall add a charge of forty dollars per license to the license renewal fee. The forty dollars delinquent fee shall be due and payable along with the annual renewal fee.

Failure to renew the business license within 60 days of the due date, will require a NEW application to be processed through the Community and Economic Development Department.

A Business License is non-transferable, non-refundable and is subject to revocation for non-compliance. It becomes void when a CHANGE OF ADDRESS or OWNERSHIP occurs. Moreover, a CHANGE OF ADDRESS or OWNERSHIP will be treated as a NEW application and the \$135.00 review fee, \$40.00 license fee, \$28.00 software automation fee, and \$4.00 SB1186 fee will apply. (The \$40.00 license fee will be pro-rated to \$10.00 for the months of: April, May, June, October, November and December).

*If you close your business it is your responsibility to notify the Tax Collector office. If you fail to do so, you will be in violation of County Ordinance #475. The ordinance requires compliance with all applicable legal requirements in obtaining or disposing of a Business License.*

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](http://www.dgs.ca.gov/dsa/Home.aspx). The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov). The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov). (SB1186)



## Madera County Assessor's Office

200 West 4<sup>th</sup> St.  
Madera, California 93637  
personalpropertyappraisal@maderacounty.com  
Phone (559) 675-7710  
Fax (559) 675-7654

**BRETT FRAZIER**  
ASSESSOR

Date: \_\_\_\_\_  
Return by: \_\_\_\_\_

### **BUSINESS QUESTIONNAIRE**

Our records indicate that you are in business or own business equipment in Madera County. Business equipment would include items used to conduct business such as agricultural equipment, machinery, tools, computers, cash registers, shelving, office equipment, etc. (excluding inventory). Normally, an auditor from the Assessor's Office would either contact you or visit your place of business in order to gather information essential to the valuation of the business equipment. We have found, in many cases, information supplied by the business owner is sufficient to enable our auditors to value the equipment without further contact. It makes particularly good sense during periods of fiscal restraint to avoid unnecessary driving and inefficient use of manpower conducting physical inspections when they may not be necessary. It is with this spirit in mind that we solicit your cooperation in completing the form below and returning it within **ten days**. Please feel free to attach any depreciation schedules or a list of equipment with their values. **Information furnished will be treated as confidential.**

1. Business Owner(s) \_\_\_\_\_
2. Business Name (DBA) \_\_\_\_\_
3. Mailing Address \_\_\_\_\_
4. Business Address \_\_\_\_\_
5. Telephone \_\_\_\_\_ Email address \_\_\_\_\_
6. Change of Ownership Date \_\_\_\_\_
7. Start Date \_\_\_\_\_
8. Previous Owner/DBA \_\_\_\_\_
9. Location of Books & Records \_\_\_\_\_
10. Type of Ownership: Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_
11. Type of Business \_\_\_\_\_
12. Did you install tenant improvements? \_\_\_\_ Yes \_\_\_\_ No
  - a. Cost: \$ \_\_\_\_\_ Allowance: \$ \_\_\_\_\_
13. APPROXIMATE COST OF EQUIPMENT \$ \_\_\_\_\_
14. Remarks \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_





**MADERA COUNTY**  
**Commercial/Industrial**  
**Business License Questionnaire**

Business Name: \_\_\_\_\_ Assessor's Parcel Number: \_\_\_\_\_

Business Address (include unit or suite #) \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Please answer each of the questions listed below. Fully describe/explain all yes answers on a separate sheet if space is not available.

Yes/No 1. In order to assist you in the process of your application, please give a detailed description of the type of business and equipment you will be operating in Madera County, providing details of business activities. Please write legibly, being very specific in your description. You may attach additional pages if needed.

\_\_\_\_\_  
\_\_\_\_\_

2. Is this an existing business?  
If yes,  Change in Name  Change in Ownership  Change in Location. If yes,  
Previous location \_\_\_\_\_

3. Will the business operation include any work use or storage conducted outside of a wholly enclosed building?  
If yes, please explain \_\_\_\_\_

4. Will the business include any type of adult entertainment?  
If yes, please explain \_\_\_\_\_

5. Will the business be discharging any waste other than domestic waste to the sewer system?

6. Will the business include the use or storage of any acetylene or arc welding or cutting?

7. Will the business include any processing, handling, storage or discharge of chemicals including hazardous chemicals and solvents?

8. Will the business generate any hazardous waste at this site?  
If yes, please list type and quantity? \_\_\_\_\_

9. Will the business operation include the storage of more than 5 gallons of a flammable liquid of any type?  
If yes, how many gallons? \_\_\_\_\_

10. Will your business be selling any product by weight or measure? If yes, please contact Madera County Weights and Measures".

11. Will the business operation include spray painting or powder coating?

12. Will the business operation include the repair or maintenance of motor vehicles?
13. Will the business operation include the washing of any equipment or vehicles?
14. Will the building be used for education instruction, daycare, worship or dining? If yes, please Explain\_\_\_\_\_
15. Will the business operation include selling or serving alcoholic beverages?
16. Will the business have an outdoor patio where alcoholic beverages are service? (EH)
17. Will the business operation include the preparation of food or beverages?
18. Will the business operation include entertainment including but not limited to live performances (bands, amplified sound, DJ's, etc.) dancing or other?
19. Will there be any placement of machinery, equipment or outdoor storage?  
If yes, please explain\_\_\_\_\_
20. Will the business operation include discharging any waste wastewater or rinse water to the ground street or storm drain?
21. Is the on-site sewer system equipped with a clarifier or grease trap? (EH)  
If so, what size?\_\_\_\_\_.
22. Are you aware of any County Code violations on the property that have not been resolved?
23. Will the business be utilizing outdoor trailers, containers or temporary buildings?  
If yes, please explain\_\_\_\_\_
24. Have you done or will you be doing any building construction or alterations or equipment installations related to the operation of the business?
25. Will your business distribute medical and/or recreational marijuana as part of its services?

**DECLARATION**

I hereby certify and say under penalty of perjury that I am the applicant in the foregoing application that I have read this Business License Questionnaire and know the content thereof and that the herein stated information and all attachments hereto are true and correct to the best of my knowledge and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The payment of a license fee required by the provisions of the Madera County Code and its acceptance by the County, and the issuance of such license to any person shall not entitle the holder thereof to carry on any business unless it has complied with all the requirements of the Madera County Code, California Fire Code, California Building Code, and all other applicable laws, nor to carry on any business in any building or on any premises designated on such license in the event that such building or premises are situated in a zone or locality in which the conduct of such business is in violation of any law.*



**MADERA COUNTY**  
**Home Occupation/Cottage Industry**  
**Business License Questionnaire**

Business Name: \_\_\_\_\_ Assessor's Parcel Number: \_\_\_\_\_

Business Address (include unit or suite #) \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Home Occupation

Cottage Industry Permit

1. In order to assist you in the process of your application, please give a detailed description of the type of business and equipment you will be operating in Madera County, providing details of business activities. Please write legibly, being very specific in your description. You may attach additional pages if needed.

\_\_\_\_\_  
\_\_\_\_\_

2. Do you produce a product? Yes  No   
If yes, explain \_\_\_\_\_

3. Will customers visit your home? Yes  No

4. Number of employees: \_\_\_\_\_  
Does the business employ anyone other than members of the resident family? Yes  No

5. How many parking spaces are located at the residence? \_\_\_\_\_

6. Are any goods to be sold on site? Yes  No

7. Where will supplies/equipment be stored? \_\_\_\_\_

8. Will you be placing a sign on the property to advertise the business? Yes  No

9. Will trucks, trailers, or other equipment be used in your business? Yes  No

a) What is the vehicle type? \_\_\_\_\_

b) How many vehicles? \_\_\_\_\_

c) Does the vehicle exceed 1½ ton carrying capacity? Yes  No

d) Address of storage location when not in use. \_\_\_\_\_

10. Will the building be used for education instruction, daycare, worship or dining? Yes  No

If yes, how many will be attending? \_\_\_\_\_

11. Will this "Home Occupation" involve the use of commercial vehicles for the delivery of materials to or from the premises? Yes  No

If yes, please explain and include the frequency of deliveries or pickups. \_\_\_\_\_

12. Is this an existing business that is relocating? Yes  No   
If yes, please explain. \_\_\_\_\_
13. Total area of the dwelling devoted to the home occupation: \_\_\_\_\_ square feet.
14. Number of rooms in the dwelling devoted to the home occupation? \_\_\_\_\_
15. Percent (%) of the total area of the dwelling devoted to the home occupation? \_\_\_\_\_
16. Does the business involve any food or liquor products? Yes  No   
If yes, provide the type of food liquor product name. \_\_\_\_\_
17. Will your business distribute medical and/or recreational marijuana as part of its services? Yes  No

### **DECLARATION**

I hereby certify and say under penalty of perjury that I am the applicant in the foregoing application that I have read this Business License Questionnaire and know the content thereof and that the herein stated information and all attachments hereto are true and correct to the best of my knowledge and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**MADERA COUNTY**  
**Out of County**  
**Business License Questionnaire**

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Business Name: \_\_\_\_\_ Assessor's Parcel Number: \_\_\_\_\_

Business Address (include unit or suite #) \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

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1. In order to assist you in the process of your application, please give a detailed description of the type of business and equipment you will be operating in Madera County, providing details of business activities. Please write legibly, being very specific in your description. You may attach additional pages if needed.

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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