



# BUSINESS LICENSE APPLICATION

259 N. Wilma Ave., Ripon, CA 95366  
Phone 209-599-2108 \* Fax 209-599-2685  
[www.cityofripon.org](http://www.cityofripon.org)

**MUNICIPAL CODE SECTION 5.04.020 LICENSE REQUIRED.** It is unlawful for any person or persons, firm, co-partnership, corporation or any other association, or for any person whether as an agent, servant, clerk or employee, for himself or for any other person, firm, co-partnership, corporation, or other association within the corporate limits of the city to commence or carry on any trade, calling, occupation, profession or pursuit, until they shall have first obtained a license therefore, as required in this chapter. Issuance of a license, however, shall not constitute endorsement of the applicant, his employees or product by the city or its employees. Any such claim of endorsement by the applicant or any agent of his business or product may be cause for immediate revocation of the license.

**THIS APPLICATION MUST BE FILLED OUT COMPLETELY AND SIGNED BEFORE LICENSE CAN BE ISSUED**

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

**Business Owner** \_\_\_\_\_

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

**Mailing Address** (if different than business location) \_\_\_\_\_

**Contact Person** \_\_\_\_\_ **Business Phone#** (\_\_\_\_\_) \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

**Detailed Business Description** \_\_\_\_\_

**Business Classification**     Sole Proprietorship     Corporation     Limited Liability Company     Partnership     Trust

**4 Digit SIC Code #** \_\_\_\_\_ <https://siccode.com/sic-code-lookup-directory>

**Provide all license numbers applicable to your business:**

**Federal ID #** \_\_\_\_\_ **Resale (Seller's Permit) #** \_\_\_\_\_ **State Contractor #** \_\_\_\_\_

**Firearms Sales?**  Yes  No **If yes, Federal License #** \_\_\_\_\_ (Must provide a copy of FFL Card)

**Massage License?**  Yes  No **If yes, Massage Permit #** \_\_\_\_\_ (Must provide a copy of Massage Cert.)

**OWNER(S) or OFFICER(S) INFORMATION** (Attach separate piece of paper if additional space is needed)

**Name** \_\_\_\_\_ **Name** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **Home Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone #** (\_\_\_\_\_) \_\_\_\_\_ **Home Phone #** (\_\_\_\_\_) \_\_\_\_\_

THE INFORMATION IN THIS BOX IS REQUIRED AND WILL NOT BE PROVIDED AS PUBLIC INFORMATION.

**CERTIFICATION - My signature below certifies that:**

- I have read the statements on this application and have indicated those conditions which are applicable to the nature of my business; I declare under penalty of perjury under the laws of the State of California that I have obtained all the necessary licenses and/or permits that are required due to the nature, location or other characteristics of my proposed business.
- I understand the provisions of Ripon Municipal Code Title 5, Chapter 5.04.
- I understand that the information on this application will be sent to various governmental agencies and/or departments for review.
- I declare under penalty of perjury under the laws of the State of California that the foregoing is true to the best of my knowledge; furthermore, I understand that should it be found that false information has been supplied, or there is a violation of City ordinance laws, it is cause for immediate revocation of my license.
- Should any of the above information change after this date, I will notify the City of Ripon of such changes.

\_\_\_\_\_  
Applicant SIGNATURE

\_\_\_\_\_  
Applicant PRINT CLEARLY

\_\_\_\_\_  
Association with Business

\_\_\_\_\_  
Date

**SEE REVERSE SIDE FOR COMPUTATION OF FEES DUE**

**BUSINESS LICENSE APPLICATION FEES**

Issuance of a Business License evidences that the person(s), firm or corporation named herein has paid the applicable fee required by the City of Ripon Code. Payment of a Business License Application Fee does not relieve the applicant of the requirements to comply with other regulations of City, County, State or Federal government agencies. You are encouraged to ensure any proposed business satisfies all regulations prior to establishing a business.

Business Licenses are issued in January of each year and expire on December 31<sup>st</sup> the same year. For new Business License applicants, fees are not prorated; however, any completed application received after November 30<sup>th</sup> of the current year will be processed for the next calendar year. Please contact City Hall for rates.

LICENSE FEES VARY FROM YEAR TO YEAR IN ACCORDANCE WITH THE BAY AREA CONSUMER PRICE INDEX.

**THE LICENSE FEE SCHEDULE FOR 2024 IS AS FOLLOWS:**

Type of Business	Base Fee
All Retail, Service and Professional Businesses (includes any person who conducts business using their home as their base of business and lives within Ripon City limits - Home Occupations)	\$123.00
All Contractors & Subcontractors (Non Home Occupations)	\$161.50
Rental income property owners or managers renting four to ten residential units	\$114.25
General income property owners or managers	\$124.75
All other types of businesses including all manufacturing businesses	\$179.75
	<b>Additional Fee</b>
Employees working within the City limits (excluding one owner & spouse)	\$ 12.50 per employee

**CALCULATE AMOUNT DUE FROM SCHEDULE ABOVE**

Base Fee: \$ \_\_\_\_\_

# of Employees: \_\_\_\_\_ @ \$12.50 per employee: \$ \_\_\_\_\_

**TOTAL BUSINESS LICENSE APPLICATION FEES DUE:** \$ \_\_\_\_\_

**RETURN APPLICATION WITH YOUR PAYMENT TO:**

CITY OF RIPON  
BUSINESS LICENSE DIVISION  
259 N. WILMA AVE.  
RIPON, CA 95366

**Please allow one to two weeks for processing and approval of your Business License Application**

OFFICE USE ONLY
Paid: \$ _____
Date: _____
<input type="checkbox"/> Check # _____
<input type="checkbox"/> Cash <input type="checkbox"/> Credit Card
Origination Date: _____
Account No.: _____

*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)*