



ADMINISTRATIVE SERVICES DEPARTMENT
REVENUE SERVICES DIVISION – BUSINESS LICENSE TAX
425 North El Dorado Street • PO Box 1570 • Stockton, CA 95201 • (209) 937-8313
www.stocktonca.gov

NON-EMERGENCY TRANSPORTATION

Forms Needed:

- Business License application
- Police Clearance form for each driver
- Live Scan form for each driver
- Color copy of government issued identification for each driver

City License Fees:

- Annual Registration Tax - \$24.00
- State Disability Act Fee - \$ 4.00
- Annual Mill Tax (nine/tenths of one mill per dollar)
- Police Clearance Fees - \$154.75

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FOR OFFICE USE ONLY:

 ACCOUNT # _____
 CUSTOMER ID # _____
 LICENCE REF # _____
 CLASS _____

BUSINESS LICENSE TAX APPLICATION
NEW LIC _____ Number of Employees: Full Time _____ Part Time _____ Temporary _____ Square Footage _____
CHANGE _____ Change From _____ Date of Change _____ Bus Lic # _____

NOTE: Any change in ownership, address, or business activity, requires a new application. The City of Stockton does not guarantee that information on this form will be exempt from disclosure under the Public Records Act.

BUSINESS INFORMATION:

- Business Name (DBA) _____ Phone () _____
- Business Address _____ Ste/Apt # _____ City _____ State _____ Zip _____
(Cannot be PO Box per CA Bus & Prof Code Section 17538.5) (List address where each individual consent to receive service of process AB2184 Sec 1600.)
- Business Mailing Address _____ Ste/Apt # _____ City _____ State _____ Zip _____
(If different from the service process address/Business address)
- Business Email Address _____

5. Business involved in renting residential or commercial real estate (Stockton only):
Property Address _____
Property Owner _____ **Parcel #** _____

- Detail Description of Business Activity _____
- Standard Industrial Classification (SIC): _____ Major Group: _____
- Are you Chamber of Commerce Green Certified? Yes ___ No ___ (For information contact Chamber of Commerce (209) 547-2770)
- Start date in the City of Stockton _____ Estimated **Monthly** Gross Receipts in Stockton \$ _____
- Contractor's only:** Project Amount _____ CA Contractor's License # _____
 Classification _____ Expiration Date _____ Annual Quarterly Contractors License
- Seller's Permit # _____ SS# or Tax ID # _____
- Check One: Single Owner Partnership Corporation LP LLC

OWNER(S) INFORMATION: (The following personal information is not public and will not be shared in accordance with city policy OL-103.) Proof of compliance with Business and Professions Code Section 17538.5(b)(2)(A)(B) may be submitted in lieu of home address.

- Name _____ Address _____
 City _____ State _____ Zip _____ Home Phone (____) _____
 Date of Birth _____ Driver's Lic or Other I.D.# _____ State _____
- Name _____ Address _____
 City _____ State _____ Zip _____ Home Phone (____) _____
 Date of Birth _____ Driver's Lic or Other I.D.# _____ State _____

FOR OFFICE USE ONLY:

ACCOUNT # _____
CUSTOMER ID # _____
LICENSE REF # _____

CORPORATION, LLC, or LP INFORMATION: (Must be Registered in California)

Name _____ Corp/LLC/LP # _____

Names of Officers/Members

President: _____ Secretary: _____

Vice President: _____ Treasurer: _____

Authorized Agent: _____ Contact Phone # _____

Authorized Agent: _____ Contact Phone # _____

PLEASE NOTE:

The Issuing of your Business License is for revenue purposes only. It does not relieve you from the responsibility of complying with the requirements of any other department of the City of Stockton and/or any other ordinance, law or regulation of the City of Stockton, State of California, or any other governmental agency.

Business Licenses are not transferable. It is your responsibility to renew your Business License whether or not you receive a renewal notice. If you are no longer conducting business in the City of Stockton, you must notify us in writing. To appeal a business license that has been denied see SMC 5.04.210.A.

I HAVE READ AND UNDERSTAND THE TERMS ABOVE • I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT.

Owner/Authorized Signature Title Date

Owner/Authorized Signature Title Date

Disability Access and Education Fee (SB 1186)

**State Mandated Disability Access and Education Revolving Fund.

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:

- o The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx.
- o The Department of Rehabilitation at www.rehab.cahwnet.gov.
- o The California Commission on Disability Access at www.cdda.ca.gov.

BELOW IS FOR OFFICE USE ONLY: PLEASE DO NOT WRITE IN ADDITIONAL INFORMATION BELOW THIS LINE

Processed By:		Date:	Business License Taxes/Fees	Amount
Dept/Div Checked Must Approve or Deny		Authorized Signature and Date	Registration Tax	
<input type="checkbox"/> Planning	Approved <input type="checkbox"/> Denied <input type="checkbox"/>		Mill Tax/Flat Rate Tax	
<input type="checkbox"/> Building	Approved <input type="checkbox"/> Denied <input type="checkbox"/>		Penalty	
<input type="checkbox"/> Fire	Approved <input type="checkbox"/> Denied <input type="checkbox"/>		Prior Year(s) Taxes	
<input type="checkbox"/> Police	Approved <input type="checkbox"/> Denied <input type="checkbox"/>		**State Mandated Disability Access and Education Revolving Fund	
<input type="checkbox"/> MUD/Stormwater	Approved <input type="checkbox"/> Denied <input type="checkbox"/>		Other: Adjustments/Credits	
<input type="checkbox"/> Other:	Approved <input type="checkbox"/> Denied <input type="checkbox"/>		Total Due	
			Expiration Date	

PLEASE RETAIN A COPY FOR YOUR RECORDS

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REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

CA0390500
ORI (Code assigned by DOJ)

PERMIT
Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

STOCKTON POLICE DEPARTMENT
Agency Authorized to Receive Criminal Record Information

17207
Mail Code (five-digit code assigned by DOJ)

22 E MARKET ST
Street Address or P.O. Box

DIANA GONZALEZ
Contact Name (mandatory for all school submissions)

STOCKTON CA 95202
City State ZIP Code

(209) 937-8422
Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name (AKA or Alias) Last

First Suffix

Date of Birth Sex Male Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number
(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number
(Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: _____
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number _____

Employer (Additional response for agencies specified by statute):

N/A
Employer Name

N/A
Mail Code (five digit code assigned by DOJ)

N/A
Street Address or P.O. Box

N/A
City State ZIP Code

N/A
Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number Amount Collected/Billed