



### City of Martinez

#### Business Support Center

PH (925) 273-7439 • FAX (909) 348-0465  
Mailing Address: 8839 N. Cedar Ave #212 • Fresno, CA 93720-1832  
Apply Online Today At: <https://martinez.hdlgov.com/>

OFFICIAL USE ONLY	
Business License No.	_____
Expiration Date	_____
NAIC Code	_____
License Fee \$	_____

### BUSINESS LICENSE APPLICATION

**PLEASE TYPE OR PRINT WITH PEN**

Business Name \_\_\_\_\_ Bus. Start Date \_\_\_\_\_

Corporate Name \_\_\_\_\_  New Application  Change  Home Occupation  
(if applicable)

Business Location \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Primary Phone No. \_\_\_\_\_  Business  Cell  Home  
Alt. No. \_\_\_\_\_

Mailing Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Email Address \_\_\_\_\_ Federal ID No. \_\_\_\_\_

Description of Business \_\_\_\_\_

Ownership  Corporation  Corp-Ltd Liability  Partnership  Sole Proprietor  Trust  Non-Profit

**PERSONAL INFORMATION** - Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary)

1st Owner Name \_\_\_\_\_ Title \_\_\_\_\_ Social Security No. \_\_\_\_\_  
 Home Address \_\_\_\_\_ Other ID No. \_\_\_\_\_  
(Cannot be P.O. Box) Phone No. \_\_\_\_\_

2nd Owner Name \_\_\_\_\_ Title \_\_\_\_\_ Social Security No. \_\_\_\_\_  
 Home Address \_\_\_\_\_ Other ID No. \_\_\_\_\_  
(Cannot be P.O. Box) Phone No. \_\_\_\_\_

Per AB 2184, you may protect your residential address by providing a different Service of Process address in accordance with Sections 16000.1(a)(2) and 16100.1(a)(2) of the Business and Professions Code. To do so, please fill out the section on the back of this form.

**CONTRACTORS** - This section is required for all contractors.

\_\_\_\_\_  
Contractor's State License Number Expiration Date

Project Site Address \_\_\_\_\_  
Street Address

**Please provide any relevant details for your business below. Only account for business conducted within the City of Martinez**

No. of Professionals  No. of Employees

No. of Units  No. of Vehicles

Estimated Annual Gross Receipts

**PLEASE FILL IN THE APPROPRIATE BOXES BELOW AND SIGN**

**CERTIFICATION AND ACKNOWLEDGEMENT**

I acknowledge that the City of Martinez's issuance of a Business License and payment of Business License Tax does not entitle me/authorized representative to conduct any business in the City that is in violation of any applicable laws. I further acknowledge that the City of Martinez's issuance of a Business License does not waive the City of Martinez's right in any way to enforce compliance with applicable laws against me/authorized representative. I hereby declare under the penalty of perjury that to the best of my knowledge and belief the statements made on this application are true and correct.

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 PRINT NAME

Title \_\_\_\_\_ Application Date \_\_\_\_\_

*Thank you for doing business in the City of Martinez*

**RETURN APPLICATION BY MAIL TO:**  
 City of Martinez - Business Licensing  
 8839 N. Cedar Ave #212  
 Fresno, CA 93720-1832

**SCAN & RETURN APPLICATION BY EMAIL TO:**  
[Martinez@hdlgov.com](mailto:Martinez@hdlgov.com)

**NOTICE:** 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](http://www.dgs.ca.gov/dsa) - The Department of Rehabilitation at [www.dor.ca.gov](http://www.dor.ca.gov) - The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov).

\* Information provided on this form is subject to disclosure under the California Public Records Act (Government Code Section 6250et seq.) with the possible exception of those items that have an asterisk (\*). Items that appear with an asterisk (\*) will generally not be disclosed under the Act without prior notice given within approximately one week of the request being made. In general, residential addresses shall not be disclosed except in those cases where the business location is the same as the residential address.

**SERVICE OF PROCESS ADDRESS, PURSUANT TO AB 2184 - AVAILABLE FOR PUBLIC INSPECTION**

If you wish to protect your residential address with a different service of process address, please provide it here.

NOTE - if your service of process address is a post office box or private mailbox, it must comply with paragraph (2) of subdivision (b) of Section 17538.5 of the California Business and Professions Code.

**Service of Process Address**

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

**Residential Address to protect**

Business Location

Mailing Address

Owner/Partner/Officer Address