



CITY OF LATHROP
 390 TOWNE CENTRE DR.
 LATHROP, CA 95330
 TELEPHONE: (209) 941-7320
 FAX: (209) 941-7339

NEW BUSINESS
\$25.00 APPLICATION FEE

BUSINESS LICENSE APPLICATION

PLEASE TYPE OR PRINT

STATE CONTRACTOR'S LICENSE
FEDERAL TAX ID #
STATE EMPLOYER ID #
STATE BD. OF EQUALIZATION #
SOCIAL SECURITY #
DRIVERS LICENSE #
OF COMMERCIAL VEHICLES
ESTIMATED GROSS RECEIPTS

BUSINESS NAME _____

BUSINESS ADDRESS (LOCATION) *IF YOUR BUSINESS LOCATION IS IN THE CITY, YOU MAY BE REQUIRED TO HAVE AN OCCUPANCY INSPECTION _____

MAILING ADDRESS _____
 () _____

BUSINESS PHONE _____ DATE BUS. STARTED IN LATHROP _____

OWNERS NAME _____ () _____

OWNER'S HOME ADDRESS _____ CITY _____ ZIP _____ HOME PHONE _____

OWNERS STATUS (CHECK ONE)
 SOLE PROPRIETORSHIP
 PARTNERSHIP
 CORPORATION

TYPE OF BUSINESS _____

A. ESTIMATED NO. OF FULL TIME EMPLOYEES _____
 B. ESTIMATED NO. OF PART TIME OR SEASONAL EMPLOYEES _____
 C. ESTIMATED NO. OF EMPLOYEES PER SHIFT _____

PLEASE CHECK THE FOLLOWING BOXES:
 YES NO
 ARE YOU RENTING COMMERCIAL PROPERTY TO A BUSINESS?
 DO YOU PAY RENT FOR OFFICE, WORK STATIONS, STORAGE, ETC.?
 WILL THERE BE ANY RETAIL SALES OF PISTOLS, REVOLVERS OR OTHER CONCEALABLE FIREARMS?
 DO YOU HAVE COIN-OPERATED MACHINES OF ANY TYPE?

AFFIDAVIT: I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE REPORTED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

SIGNATURE _____

DATE _____

DEPARTMENT	APPROVED	DENIED	BY	REASON
PLANNING				
BUILDING				
CODE ENF.				
POLICE				
FIRE				
PUBLIC WORKS				

Home Occupancy Permit Required? YES NO

Police Chief Authorization Required Per 5.04.190 ? YES NO *authorization completed*

RECEIVED BY: _____ DATE: _____ AMOUNT: _____

NOTICE: THIS IS ONLY AN APPLICATION. APPROVAL OF CITY DEPARTMENTS IS NECESSARY BEFORE THE BUSINESS LICENSE IS ISSUED AND OCCUPANCY IS GRANTED.

**CITY OF LATHROP
BUSINESS LICENSE TAX SCHEDULE
BASED UPON ANNUAL GROSS RECEIPTS**

**NEW BUSINESS
LICENSE TAXES ARE IN
ADDITION TO \$25.00 FIRST
TIME APPLICATION FEE**

SCHEDULE 1

**Realtors, Miscellaneous Business
Retailing, Printing, Publishing**

Gross Receipts		License Tax
0	4,999	21
5,000	14,999	26
15,000	29,999	29
30,000	44,999	45
45,000	99,999	68
100,000	149,999	114
150,000	249,999	143
OVER	250,000	171

SCHEDULE 2

**Arts & Crafts, Professional &
Personal Services**

Gross Receipts		License Tax
0	4,999	13
5,000	9,999	29
10,000	19,999	43
20,000	29,999	57
30,000	39,999	74
40,000	49,999	92
OVER	50,000	114

SCHEDULE 3

**Wholesaling, Jobbing, Warehousing,
Livestock and Poultry Feed**

Gross Receipts		License Tax
0	99,999	71
100,000	199,999	100
200,000	299,999	129
300,000	399,999	156
400,000	499,999	201
500,000	599,999	257
600,000	799,999	286
800,000	999,999	314
OVER	1,000,000	399

SCHEDULE 4

Contractors and Sub-contractors

Gross Receipts		License Fees
0	24,999	43
25,000	49,999	71
50,000	99,999	100
100,000	149,999	129
150,000	199,999	156
200,000	249,999	186
250,000	299,999	214
300,000	349,999	243
350,000	399,999	271
400,000	449,999	314
450,000	499,999	371
500,000	549,999	428
550,000	599,999	486
600,000	699,999	542
700,000	799,999	570
800,000	999,999	600
OVER	1,000,000	657

SCHEDULE 5

Manufacturing

Gross Receipts		License Tax
0	99,999	71
100,000	199,999	100
200,000	299,999	129
300,000	399,999	156
400,000	499,999	199
500,000	599,999	257
600,000	799,999	286
800,000	899,999	344
900,000	999,999	371
OVER	1,000,000	399

SOLICITORS/PEDDLERS LICENSE FEE

ANNUAL = \$225

DAILY=\$15

BUSINESS LICENSE APPLICATION – MOTORIZED FOOD WAGON

\$25.00 FIRST TIME APPLICATION FEE

CHECKLIST OF REQUIREMENTS	BUSINESS INFORMATION
Criminal History Background Check	BUSINESS NAME _____
Vehicle Registration & Valid Insurance	BUSINESS ADDRESS (LOCATION) _____ CITY _____ STATE _____ ZIP _____ *BUSINESS LOCATIONS WITHIN THE CITY MAY REQUIRE A HOME OCCUPANCY PERMIT.
Four Photographs of Vehicle (exterior views)	MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____ () _____
Current Environmental Health Certificate	BUSINESS PHONE _____ DATE BUS. STARTED IN LATHROP _____
Proof of Payment from Commissary (Past 12 Months)	APPLICANT INFORMATION
Life Safety Inspection Permit from Fire Department	NAME _____
List of Merchandise for Sale	MAILING ADDRESS _____ () _____
No Prior Permit Revoked by the City of Lathrop	CITY _____ STATE _____ ZIP _____ HOME PHONE _____
If on Private Property, an Affidavit from Property Owner	OWNERSHIP: <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION
	FEDERAL TAX ID# OR SSN# _____
	STATE EMPLOYER ID# _____
	SELLERS PERMIT / RESALE# _____
	DRIVER'S LICENSE# _____

AFFIDAVIT: I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE REPORTED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE _____ DATE _____

DEPARTMENT	APPROVED	DENIED	BY	REASON
PLANNING				
BUILDING				
CODE ENF.				
POLICE				
FIRE				
PUBLIC WORKS				

Home Occupancy Permit Required? YES NO
 Police Chief Authorization Required Per 110.40? YES NO *authorization completed*

RECEIVED BY: _____ DATE: _____ AMOUNT: _____

PRIVATE PROPERTY YES NO

LIST LOCATIONS: _____

LIST ALL PERSONS WORKING ON OR NEAR THE VENDING OPERATION

VENDOR LICENSE NUMBER	NAME

LIST TYPE OF FOOD WAGON(S)

LICENSE NUMBER	TYPE OF FOOD WAGON



Neighborhood & Community Services
Code Compliance Division

390 Towne Centre Drive– Lathrop, CA 95330
Phone (209) 941-7280 – Fax (209) 941-7268
www.ci.lathrop.ca.us

**FINGERPRINTING OFFICE
(SAN JOAQUIN OFFICE OF EDUCATION)**

2901 Arch-Airport Road
Stockton, CA 95206
209-468-9145

Hours of operation: Monday – Friday 9:00 am - 4:15 pm
CALL (209) 468-9145 to schedule an appointment

NO WALK-INS WILL BE ACCEPTED!

Directions

From 99 South:

- Take Arch road exit West
- Turn Left
- Right on Quantas Lane
- Left on Transworld Drive
 - (Parking lot located on the corner of Quantas Lane and Transworld Drive)

From 99 North:

- Take Arch Road exit West
- Turn Left
- Right on Quantas Lane
- Left on Transworld Drive
 - (Parking lot located on the corner of Quantas Lane and Transworld Drive)

Please take the following items to your appointment

- 1. Request for Live Scan Service form**
- 2. A valid picture ID**
- 3. \$47.00 money order, cashier check, or debit/credit card. (All cards must be in applicant's name). No cash or checks accepted.**



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A1406 _____ LICENSE-CERTIFICATE-PERMIT
ORI (Code assigned by DOJ) _____ Authorized Applicant Type

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

Contributing Agency Information:

CITY OF LATHROP _____ Agency Authorized to Receive Criminal Record Information		14647 _____ Mail Code (five-digit code assigned by DOJ)
390 TOWNE CENTRE DRIVE _____ Street Address or P.O. Box		TANYA RUBIANES _____ Contact Name (mandatory for all school submissions)
LATHROP _____ City	CA 95330 _____ State ZIP Code	(209) 941-7280 _____ Contact Telephone Number

Applicant Information:

Last Name _____		First Name _____	Middle Initial _____	Suffix _____
Other Name (AKA or Alias) Last _____		First _____	Suffix _____	
Date of Birth _____	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Driver's License Number _____		
Height _____	Weight _____	Eye Color _____	Hair Color _____	
Place of Birth (State or Country) _____		Social Security Number _____		
Home Address Street Address or P.O. Box _____		City _____	State _____	ZIP Code _____
		Billing Number _____ (Agency Billing Number)		
		Misc. Number _____ (Other Identification Number)		

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):

Employer Name _____	Mail Code (five digit code assigned by DOJ) _____
Street Address or P.O. Box _____	
City _____	State _____
ZIP Code _____	Telephone Number (optional) _____

Live Scan Transaction Completed By:

Name of Operator _____	Date _____
Transmitting Agency _____	LSID _____
ATI Number _____	Amount Collected/Billed _____