

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:			TY OF STO	OCKT	ON
ACC	COUNT #		ADMINIST	RATIVE SERVICES D	EPARTME	NT
CUS	STOMER ID #			ES DIVISION–BUSINE Street • PO Box 1570 •		
LICE	ENCE REF #			Phone (209) 937-831 Email: bl@stocktonca.	3	
CLA	.SS			www.stocktonca.gov	<u>907</u>	
			BUSINESS	LICENSE TAX A	PPLICA	ATION
NEW	LICNumber of Employees: Fu	Il TimePart Time_	Temporary	Square Footage		
СНА	NGEChange From		Date of Chang	jeB	us Lic #	
gua	FE: <u>Any change</u> in ownership, addre rantee that information on this form w SINESS INFORMATION:				y of Stocl	kton does not
1.	Business Name (DBA)			Phone()	
2.	Business Address (Cannot be PO Box per CA Bus & Prof Code Section 1	7538.5) (List address where eac	Ste/Apt # h individual consent to rece	City ive service of process AB2184		_Zip
3.	Business Mailing Address		Ste/Apt #	City	_State	_Zip
5.	Business Email Address Business involved in renting resid	ential or commercial	real estate (Stocl	(ton only):		
	Property Address		-			
	Property Owner		Parcel #			
6.	Detail Description of Business Activit	A/				
	-	у				
7.	Standard Industrial Classification (SI	-				
	Standard Industrial Classification (SI Are you Chamber of Commerce Gree	C):	Major Group: _			
8.		C): en Certified? Yes	Major Group: No (For inform	ation contact Chamber of	Commerce	(209) 547-2770)
8. 9.	Are you Chamber of Commerce Gree	C): en Certified? Yes Estimated	Major Group: No (For inform Monthly Gross Re	nation contact Chamber of eceipts in Stockton \$_	Commerce	(209) 547-2770)
8. 9. 10.	Are you Chamber of Commerce Gree Start date in the City of Stockton	C): en Certified? Yes Estimated	Major Group: _ No (For inform Monthly Gross Re CA Contract	ation contact Chamber of eceipts in Stockton \$_ or's License #	Commerce	(209) 547-2770)
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ALTERED OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

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:

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

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	
Planning	Approved Denied		Mill Tax/Flat Rate Tax	
Building			Penalty	
Fire	Approved Denied		Prior Year(s) Taxes	
Police	Approved Denied		**State Mandated Disability Access and Education Revolving Fund	
□ MUD/Stormwater	Approved Denied		Other: Adjustments/Credits	
Other:	Approved Denied		Total Due	
	•		Expiration Date	

Account #_____

Customer ID #_____

License Ref #_____

Offic	ce Use Only:			
	Cannabis Dispensary Emp	 Cannabis Dispensary Owner		
	Peddler	 Funeral Escort		
	Solicitor	 Bingo		
	Taxi Cab Driver	 Transient Photographer	.	_
	Ice Cream Vendor	 Motorized Food Wagon Vendor		
	Card Room Employee	 Card Room Owner		
	Massage Technician	 Massage Owner		
	Non Emergency Transport			



POLICE CLEARANCE APPLICATION CHIEF OF POLICE CITY OF STOCKTON, CALIFORNIA

P #_____ Exp:_____ □ New □ Renewal

Appointment Date/Time:

Location: 22 E Weber Ave (Center St Entrance)

To Reschedule Call 209-937-8313

INDIVIDUAL INFORMATION REQUIRED FOR CLEARANCE - APPLICATION MUST BE COMPLETELY FILLED OUT AND SIGNED In applying for a license in the City of Stockton, I offer the following information regarding myself:

AME:LAST	FIRST	TELEF MIDDLE	PHONE: <u>()</u>	
LAST K.A.(S):	FIRST	MIDDLE		
		CITY:	STATE:	ZIP:
USINESS NAME:				
USINESS ADDRESS:			STATE:	ZIP:
GE: DATE OF BIR	RTH:	PLACE OF BIRTH:		
EIGHT: WEIGHT: _	SEX: M	F EYE COLOR:	HAIR COI	LOR:
HECK ONE) MARRIED:	SINGLE: [DIVORCED:SEPARATED:_		
RIVER'S LICENSE NUMBER	OR IDENTIFICATION	NUMBER:		STATE:
OCIAL SECURITY NUMBER:		·		
REVIOUS EMPLOYERS: COMPANY NAME	ADDRESS	CITY	STATE	COUNTRY
EFERENCES: NAME	ADDRESS	CITY	STATE	ZIP
·				
		RRESTS (If none, initial here)]
DATE OF ARREST		LOCATION OF ARREST	C	HARGE(S)

IMPORTANT NOTICE: I declare under penalty of perjury that the statements made on this application are true and correct to the best of my knowledge and belief. I understand that any false statements are grounds for denial or revocation of the Regulatory work permit. I also understand I will be fingerprinted upon my initial application and will be photographed annually. I am aware that all fees associated with this application are non-refundable.

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REQUEST FOR LIVE SCAN SERVICE

STOCKTON POLICE DEPARTMENT 17207 Agency Authorized to Receive Criminal Record Information 22 Street Address or P.O. Box CA STOCKTON CA 95202 City State 21P CARE Value Applicant Information. East Name Middle Initial Contact Telephone Number Middle Initial Contact Telephone Number Applicant Information. East Name Middle Initial Contact Telephone Number Applicant Information. East Name First Name Middle Initial Contact Telephone Number Applicant Information. East Name First Name Middle Initial Contact Telephone Number Applicant Information. East Name First Name Middle Initial Contact Telephone Number Applicant Information. East Name First Name Middle Initial Contact Telephone Number Part Address Street Address or P.O. Box Male Female Driver's Learse Number East ZIP Code Vour Number:	Applicant Submission		
ORI (core serviced typol) Authorized Applicant Type Type of License/Certification/Permit OR Working Title (utawara to chasades - if asagered by DOL use such the asagered) Contributing Agency Information: 17207 STOCKTON POLICE DEPARTMENT Mail Code (five digit code assigned by DOL) 22 E. MARKET ST DIANA GONZALEZ Streit Address or P.O. Box Contact Vane (mandatory for all school submissions) STOCKTON CA 95202 Contact Telephone Number Applicant Information: Erist Name Liast Name First Name Other Name Middle Initial Other Name First Name Middle Initial Erist Name Other Name First Name Market or State Erist Name Other Name First Name Market or State Erist Name Other Name First Name Market or State Erist Name Other Name Middle Initial Other Name First Name Market or State Erist Name Other Name Middle Initial Other Name First Name Market or State Erist Name Other Name Market Place of Birth (State or Country) Social Security Namber <td< th=""><th>CA0390500</th><th>PERMIT</th><th></th></td<>	CA0390500	PERMIT	
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Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ) 22 E MARKET ST DIANA GONZALEZ Street Address OF O. Box Contact Name (mandatory for all school submissions) STOCKTON CA 95202 City State ZIP Code Applicant Information: Einst Name Modie Initial Christian First Name Modie Initial (AK or Alas) East First Other Name Maile First Name Modie Initial (AK or Alas) East First Name Modie Initial (AK or Alas) East First First First Date of Birth Sex Male Female Driver's Loense Number Milling Height Weight Eye Color Hair Color Number Milling Number (Detertisation Number) Misc. Number Constant Name (manuter) Vour Number: Social Security Number Number Constant All Code (five reginery fourthymp Number) Your Number: OCA Number (Agency Isonthymp Number) Original ATTI Number DOJ FBI <	Contributing Agency Information:		
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Street Address or P.O. Box CA 95202 Contact Name (mandatory for all school submissions) STOCKTON CA 95202 Contact Name (mandatory for all school submissions) Applicant Information: (209) 937-8422 Contact Name (mandatory for all school submissions) Applicant Information: Image: Contact Name (mandatory for all school submissions) Middle Initial Applicant Information: Image: Contact Name Middle Initial Middle Initial Contact Name Pirst Name Middle Initial Middle Initial Other Name Eirst Image: Contact Namber Middle Initial Date of Birth Sex Male Female Driver's License Number Place of Birth (State or County) Social Security Number Misc:			
STOCKTON CA 95202 (209) 937-8422 City State ZIP Code Contact Telephone Number Applicant Information: Image: Contact Telephone Number Middle Initial Contact Telephone Number Middle Initial Middle Initial Oate of Birth See Male Female Driver's License Number Billing Number Last Middle Initial Place of Birth Veight Eye Color Hair Color Number Under Veight Eye Color Hair Color Number Other Identification Number Original ATI Number Misc. Number Your Number: Occa Number (Agency Werdifying Number) Original ATI Number DOJ FBI Your Number Original ATI Number Mid Male N/A Mid Employer (Additional response for agencies specified by statute): N/A Mid Middle Initial Mid <td></td> <td></td> <td></td>			
City State ZIP Code Contact Telephone Number Applicant Information:	STOCKTON CA 95202		
Other Name (AKA or Alias) Last First Date of Birth Sex Male Female Driver's License Number Height Eye Color Hair Color Billing Number Misc. Place of Birth Social Security Number Misc. Misc. Place of Birth (State or Country) Social Security Number Misc. Home Address Street Address or P.O. Box City State ZIP Code Your Number:		Contact Telephone Number	
Other Name First Cate of Birth Sex Male Female Driver's License Number Height Eye Color Hair Color Number //Accercy Biling Number) OCA Number (Accercy Biling Number) Number //Accercy Biling Number) OCA Number (Accercy Biling Number) Number //OCA Number (Accercy Biling Number) //A City State ZIP Code N/A City State ZIP Code N/A N/A N/A City State ZIP Code	Applicant Information:		
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Date of Birth Weight Eye Color Hair Color Height Weight Eye Color Hair Color Place of Birth (State or Country) Social Security Number Misc. Number		First	Suffix
Height Weight Eye Color Hair Color Number Place of Birth (State or Country) Social Security Number Misc. Home Address Street Address or P.O. Box City Your Number: OCA Number (Agency Identifying Number) If re-submission, list original ATI number: (Must provide proof of rejection) Employer (Additional response for agencies specified by statute): N/A Employer Name N/A Street Address or P.O. Box Vi/A Telephone Number (optional) Live Scan Transaction Completed By:	Date of Birth Sex Male Female	Driver's License Number	
Place of Birth (State or Country) Social Security Number Number	Height Weight Eye Color Hair Color	Number	
Home Address Street Address or P.O. Box City State ZIP Code Your Number:	Place of Birth (State or Country) Social Security Number	Misc. Number	
Your Number:	Home	(Other Identification Number)	
If re-submission, list original ATI number: Original ATI Number (Must provide proof of rejection) Original ATI Number Employer (Additional response for agencies specified by statute): N/A N/A Mail Code (five digit code assigned by DOJ) N/A N/A Street Address or P.O. Box N/A N/A Telephone Number (optional) Live Scan Transaction Completed By:	Address Street Address or P.O. Box	City State ZIP Code	1
(Must provide proof of rejection) Original ATTNUMBER Employer (Additional response for agencies specified by statute): N/A N/A N/A Employer Name N/A N/A Mail Code (five digit code assigned by DOJ) N/A N/A Street Address or P.O. Box N/A N/A Image: Code N/A N/A City State ZIP Code Telephone Number (optional)		Level of Service: X DOJ T FBI	
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Employer Name Mail Code (five digit code assigned by DOJ) N/A	Employer (Additional response for agencies specified by statute):		
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City State ZIP Code Telephone Number (optional) Live Scan Transaction Completed By:			
Live Scan Transaction Completed By:	N/A	N/A	
	City State ZIP Code	Telephone Number (optional)	
Name of Operator Date	Live Scan Transaction Completed By:		
	Name of Operator	Date	
Transmitting Agency LSID ATI Number Amount Collected/Billed	Transmitting Agency LSID	ATI Number Amount Collected/Billed	