



Finance Department
 416 N. Franklin St
 Fort Bragg, CA 95437
 (707) 961-2825
 Fax (707) 961-2913

APPLICATION FOR BUSINESS LICENSE
 (Please Print All Information Clearly)

Start Date _____

Business Name: _____

Business Location _____ Check One: upstairs _____ downstairs _____

City _____ St _____ Zip _____ Phone #: _____

Email Address: _____ Fax #: _____

Business to be conducted from: Home _____ Garage/Shop/Accessory Structure _____ Commercial Structure _____

Previous Use At this Address: _____

Specific Business Being Conducted: _____

Check: Retail ___ Wholesale ___ Service ___ Professional Service ___ Contractor ___ Manufacturer ___ Other _____

Merchandise Sold: _____ Services Rendered: _____

F.E.I.N. _____ S.E.I.N. _____
 (Federal Employer's Identification Number) (State Employer's Identification Number)

CA Retail Sales Tax No. _____ CA State License No. _____
 (State Board of Equalization-BEAN)

State Contractors License No. _____

Required: (The State of California requires many businesses and professions to have a license issued by the Department of Consumer Affairs. For a listing of required business & professions please see page-4 of this application or visit the Dept. of Consumer Affairs on line at "http://www.dca.ca.gov")

I certify that I am exempt from State Licensing Requirements _____ Initial _____
 (Check)

Legal Status: Sole Proprietor / Partnership / Corporation / Association / Non-Profit Corporation (circle one)

Partnership/Corporation/LLC #: _____ (list board members below)

Is this a : 1)New Business 2)Owner Change 3)Name Change 4)New Location 5)Renewal (circle one)

Tools, chemicals, and/or equipment to be used in Business: _____

(the address below will print on the License Certificate)

Business Mailing Address: _____ City: _____

State _____ Zip _____

Business Owner Information:

1) Owner Name: _____ DL #: _____

Residential Address: _____

City: _____ State: _____ Zip: _____

Phone No: _____ Social Security No: _____

2) Additional Owner: _____ DL #: _____

Residential Address: _____

City: _____ State: _____ Zip: _____

Phone No: _____ Social Security No: _____

REQUIRED: (List all additional owners &/or Board Members information on a separate sheet of paper and attach to this application)

I hereby certify under penalty of perjury that the foregoing statements contained in this application are true and correct to the best of my knowledge and belief and that the business identified in this application will be conducted in accordance with the provisions of zoning and sign ordinances contained in the Fort Bragg Municipal Code.....

Signed and Dated _____
 Signature Date

(please complete appropriate information on reverse)

CITY USE ONLY BELOW THIS LINE

Issuance of the herein referenced business license is hereby approved pursuant to and/or with the following conditions: AP# _____

- _____
- _____

Community Development Department Date

Public Works Department Date

City Use Only

Customer No. _____

License Certificate No. _____

Business Type _____

SIC Code _____

Business License Fee

Tax \$ _____

Fee \$ _____

Total \$ _____

Zoning Designation _____

Parking Requirements _____

Occupancy _____

Health Permit # _____

Bureau of Automotive Repair BAR# _____

Based on your type of business operation - Complete one of the following:

Retail Sales, Services, Professionals, Contractors Etc. located in the City of Fort Bragg.

A. Gross Receipts

\$ 00 to \$ 4,999 \$ 10.00
 \$ 5,000 to \$ 29,999 \$ 30.00
 \$ 30,000 to \$199,999 \$ 30.00 plus .1 % (0.001) above \$ 30,000
 \$200,000 and over \$200.00 plus .04% (0.0004) above \$200,000

GROSS RECEIPTS (20____) \$ _____
 (first applicants please estimate)

Tax Based on Gross Receipts: \$ _____
 Business License Fee: \$ 98.00
 Total Due: \$ _____

Home Based Business in the City of Fort Bragg

B. Gross Receipts

\$ 00 to \$ 4,999 \$ 10.00
 \$ 5,000 to \$ 29,999 \$ 30.00
 \$ 30,000 to \$199,999 \$ 30.00 plus .1 % (0.001) above \$ 30,000
 \$200,000 and over \$200.00 plus .04% (0.0004) above \$200,000

GROSS RECEIPTS (20____) \$ _____
 (first applicants please estimate)

Tax Based on Gross Receipts: \$ _____
 Business License Fee: \$ 39.00

Total Due: \$ _____

Business Out of Fort Bragg City Limits (providing service or sales within the city limits)

C. Gross Receipts

\$ 00 to \$ 4,999 \$ 10.00
 \$ 5,000 to \$ 29,999 \$ 30.00
 \$ 30,000 to \$199,999 \$ 30.00 plus .1 % (0.001) above \$ 30,000
 \$200,000 and over \$200.00 plus .04% (0.0004) above \$200,000

GROSS RECEIPTS (20____) \$ _____
 (first applicants please estimate)

Tax Based on Gross Receipts: \$ _____
 Business License Fee: \$ 39.00
 Total Due: \$ _____

Wholesale Manufacturers, Common Carriers, Utility Companies, Lumber Brokers in the City of Fort Bragg

D. Employee Formula

First Person Employed \$50.00
 Next Five Employees \$ 5.00 each
 All Additional Employees \$ 2.00 each

AVERAGE NUMBER OF EMPLOYEES (20____) _____
 (first applicants please estimate)

Fee Based on Number of Employees: \$ _____
 Business License Fee: \$ 98.00
 Total Due: \$ _____

Wholesale Manufacturers, Common Carriers, Utility Companies, Lumber Brokers not in the City of Fort Bragg

E. Employee Formula

First Person Employed \$50.00
 Next Five Employees \$ 5.00 each
 All Additional Employees \$ 2.00 each

AVERAGE NUMBER OF EMPLOYEES (20____) _____
 (first applicants please estimate)

Fee Based on Number of Employees: \$ _____
 Business License Fee: \$ 39.00
 Total Due: \$ _____

All Other Business Types

F. Vehicle Delivery Businesses: (Flat Rate or based on Gross Receipts, complete A above)	Flat Rate	\$ <u>50.00</u> per year
Peddler: (regular route with truck)	Flat Rate	\$ <u>75.00</u> per year
Peddler: (Solicitor peddling goods & wares from a temporary location \$20.00 per day)	No. Days	_____ x \$20.00
	TOTAL DUE	\$ _____
Taxi (First Vehicle)	Flat Rate	\$ <u>50.00</u>
Taxi (Additional Vehicles \$10.00 Each)	No. Vehicles	_____ x \$10.00 \$ _____
	TOTAL DUE:	_____
Junk Dealer	Flat Rate	\$ <u>75.00</u> per year
Pawnbroker	Flat Rate	\$ <u>100.00</u> per year
Business Transfer Fee (owner/location/name/etc.)	Flat Rate	\$ <u>98.00</u>
Duplicate License Fee	Flat Rate	\$ <u>6.50</u>
Non-Profit Organizations (must provide proof of nonprofit status and list of officers)	No Tax	
	Fire Inspection Fee:	\$ <u>39.00</u>
	Total Due:	\$ <u>39.00</u>

