



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

**TWO SIDED DOCUMENT**  
 Please complete both sides of this application.

**APPLICATION FOR BUSINESS LICENSE**

**(Please Print All Information Clearly. We accept Cash/Check only for taxes & Fees)**

Start Date \_\_\_\_\_

**BUSINESS LOCATION**

**Business Name:** \_\_\_\_\_

**Business Location** \_\_\_\_\_ Check One: upstairs \_\_\_\_\_ downstairs \_\_\_\_\_

**City** \_\_\_\_\_ **St** \_\_\_\_\_ **Zip** \_\_\_\_\_

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

**Previous Use At this Address:** \_\_\_\_\_

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

**BUSINESS CONTACT**

**Business Mailing Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **St** \_\_\_\_\_ **Zip** \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**OWNER INFORMATION** (Please list all owners / members / corporate officers / board members)

\*If more than four individuals, please attach a separate sheet of paper.

1) Owner Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2) Owner Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

3) Owner Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

4) Owner Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City Use Only

Customer No. \_\_\_\_\_

License No. \_\_\_\_\_

Business Type \_\_\_\_\_

Business License Fee \_\_\_\_\_

Tax \$ \_\_\_\_\_

Fee \$ \_\_\_\_\_

State \$ **\$4.00**

**Total: \$** \_\_\_\_\_

*(cash or check only)*

BUSINESS INFORMATION

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

2. Type: 1) Retail 2)Wholesale 3) Service 4) Professional Service 5) Contractor 6) Manufacturer 7) Other \_\_\_\_\_

2A. Merchandise Sold: \_\_\_\_\_ and/or Services Rendered: \_\_\_\_\_

3. Legal Status: Sole Proprietor / Partnership / Corporation / Association / Non-Profit Corporation

3A. Partnership/Corporation/LLC # (if applicable): \_\_\_\_\_

(list board members on page one under Business Owner Information)

4. Tax ID number (FEIN or Social Security No.):

5. Does your business have employees? 1) Yes 2) No 3) Not currently, but plan to hire.

5A. If you answered 1 or 3, please provide your State Employer Identification No (SEIN)

SEIN: \_\_\_\_\_ (For more information, see instruction page)

6. Does your business sell tangible products? 1) Yes 2) No

6A. If yes, please provide your CA Retail Sales Tax Number. (also called BEAN or "Resale Number")

Retail Sales Tax Number: \_\_\_\_\_ (For more information, see instruction page)

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 businesses & professions please visit the Dept. of Consumer Affairs online at "http://www.dca.ca.gov")

7. CA State License Number: \_\_\_\_\_

OR: State Contractor Number: \_\_\_\_\_

OR: I certify that I am exempt from State Licensing Requirements \_\_\_\_\_ Initial \_\_\_\_\_

8. Does your business sell food or food products? 1) Yes 2) No

8A. If yes, please provide health permit no.: \_\_\_\_\_ AND attach copy of health permit.

9. Does you business manufacture and/or sell alcohol? 1) Yes 2) No 3) License Pending

9A. If yes, provide license # \_\_\_\_\_ AND attach copy of license.

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 Municiple Code.

Signed and Dated \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

CERTIFICATION OF STATE & FEDERAL STORMWATER CONTROL REQUIREMENTS

Businesses located inside the City Limits must complete

1. Primary Standard Industry Code (SIC) # \_\_\_\_\_

Must provide 4-digit SIC. See: https://www.naics.com/code-search/

2. Check and complete all that apply:

[ ] This business is subject to the California Industrial General Permit; we have obtained coverage for our operations and continually implement the requirements of this permit coverage. (Complete A & B below)

A. Primary Business Activity \_\_\_\_\_

B. Industrial General Permit Waste Discharge Identification (WDID) # \_\_\_\_\_

[ ] This business is NOT subject to the California Industrial General Permit.

[ ] I need more information to determine whether this business is subject to the California Industrial General Permit.

I certify that our facility prevents potential pollutants from being discharged from our business location.

Signed and Dated \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

List Board Attached YES / NO

Check all needed: FEIN \_\_\_\_\_ SEIN \_\_\_\_\_ BEAN \_\_\_\_\_

FD # \_\_\_\_\_

ABC# \_\_\_\_\_

SIC# \_\_\_\_\_ (All businesses in City)

WDID#: \_\_\_\_\_

**Application for Business License- Page Three**

Based on your type of business operation - Complete one of the following: (First year based upon estimate)

To be used by First Time Applicants (not for renewals)

Business License Tax Table	
Up to \$ 4,999	\$ 10.00
\$ 5,000 to \$ 29,999	\$ 30.00
\$ 30,000 to \$ 199,999	0.10 % of Gross Rcpts (Gross Rcpt x 0.001)
Over \$ 200,000	\$ 200.00 plus 0.04% of amount over \$ 200,000 [\$ 200 + (0.0004 x amount over \$ 200,000)]

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

Estimate Gross Receipts Year 20\_\_\_\_ : \$ \_\_\_\_\_

- |  |                 |   |
|--|-----------------|---|
| 1. Tax Based on Estimate Gross Receipts: | \$ _____        | See Business License Tax Table              |
| 2. Business License Fee:                 | \$ 87.00        |   |
| 3. State Mandated Fee:                   | \$ 4.00         |   |
| <b>Total Due (Add lines 1 + 2 +3):</b>   | <b>\$ _____</b> | <b><u>Payment by Cash or Check only</u></b> |

**B. Home Based Businesses in the City of Fort Bragg.**

Estimate Gross Receipts Year 20\_\_\_\_ : \$ \_\_\_\_\_

- |  |                 |   |
|--|-----------------|---|
| 1. Tax Based on Estimate Gross Receipts: | \$ _____        | See Business License Tax Table              |
| 2. Business License Fee:                 | \$ 58.00        |   |
| 3. State Mandated Fee:                   | \$ 4.00         |   |
| <b>Total Due (Add line 1 + 2 +3):</b>    | <b>\$ _____</b> | <b><u>Payment by Cash or Check only</u></b> |

**C. Business Outside City, (providing Services inside the City of Fort Bragg).**

Estimate Gross Receipts Year 20\_\_\_\_ : \$ \_\_\_\_\_

- |  |                 |   |
|--|-----------------|---|
| 1. Tax Based on Estimate Gross Receipts: | \$ _____        | See Business License Tax Table              |
| 2. Business License Fee:                 | \$ 58.00        |   |
| 3. State Mandated Fee:                   | \$ 4.00         |   |
| <b>Total Due (Add line 1 + 2 +3):</b>    | <b>\$ _____</b> | <b><u>Payment by Cash or Check only</u></b> |

Employee Formula (for Category D & E Below – ONLY)	
First Person (including owners)	\$ 50.00
Next Five Employees	\$ 5.00 each
All additional employees	\$ 2.00 each

**D. Wholesale manufactures, Common Carriers, Utility Company, Lumber brokers in the City of Fort Bragg.**

Estimate Gross Receipts Year 20\_\_\_\_ : \$ \_\_\_\_\_

- |                                     |                 |   |
|-------------------------------------|-----------------|---|
| 1. Tax Based on Number of Employee: | \$ _____        | See Business License Tax Table              |
| 4. Business License Fee:            | \$ 87.00        |   |
| 4. State Mandated Fee:              | \$ 4.00         |   |
| <b>Total Due:</b>                   | <b>\$ _____</b> | <b><u>Payment by Cash or Check only</u></b> |

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

Estimate Gross Receipts Year 20\_\_\_\_ : \$ \_\_\_\_\_

- |                                      |                 |   |
|--------------------------------------|-----------------|---|
| 1. Tax Based on Number of Employees: | \$ _____        | See Business License Tax Table              |
| 5. Business License Fee:             | \$ 58.00        |   |
| 5. State Mandated Fee:               | \$ 4.00         |   |
| <b>Total Due:</b>                    | <b>\$ _____</b> | <b><u>Payment by Cash or Check only</u></b> |

**All Other Business Types**

**\* State Mandated Disability Access & Education Fee of \$4.00 will be added to business rate below:**

F. **Vehicle Delivery Businesses:** (Flat Rate or based on Gross Receipts, complete A above) Flat Rate \$ 50.00 per year + fee + \$4.00  
**Peddler:** ( regular route with truck) Flat Rate \$ 75.00 per year + \$4.00  
**Peddler:** ( Solicitor peddling goods & wares from a temporary location \$20.00 per day ) No. Days \_\_\_\_\_ x \$20.00 + \$4.00  
**TOTAL DUE** \_\_\_\_\_

**Taxi (First Vehicle)** Flat Rate \$ 245 +DOJ fees+ \$4.00  
**Taxi (Additional Vehicles \$10.00 Each)** No. Vehicles \_\_\_\_\_ x \$10.00 \$ \_\_\_\_\_

**One Time Jobs (under \$2,000)** TOTAL DUE: \_\_\_\_\_  
 Flat Rate \$ 20.00 + 4.00 = \$24.00

**Junk Dealer** Flat Rate \$ 75.00 per year + \$4.00  
**Pawnbroker** Flat Rate \$100.00 per year + \$4.00

**Non-Profit Organizations** Total Due: \$ 45.00 + \$4.00  
(must provide proof of nonprofit status and list of officers)

**Other Business Fees**

**Business Transfer Fee - Change of Owner** Flat Rate \$ 78.00  
**Change of Business Location** Flat Rate \$ 92.00  
**Business License Name Change** Flat Rate \$ 13.00  
**Duplicate License Fee** Flat Rate \$ 10.00  
**Expedited License Fee (2 days or less)** \$ 149.00

<b>*CITY USE ONLY*</b>	
<b>Local Agency Approvals</b>	
<b>Issuance of the herein referenced business license is hereby approved pursuant to and/or with the following conditions:</b>	
_____ Community Development Department	_____ Public Works Department

**CITY OF FORT BRAGG**  
**BUSINESS LICENSE INFORMATION/DEFINITIONS**  
**Fort Bragg Municipal Code**  
**Title 5 Business Licenses and Regulations**

**PURPOSE:**

This explanation is a summary designed to assist persons in completing an application for business license. It is NOT intended to be an exact copy of the Ordinance. Copies of Ordinances are available at City Hall or on the City website at <https://www.codepublishing.com/CA/FortBragg/>.

(Title 5 – Business Licenses and Regulations)

**LICENSE REQUIRED:**

It is unlawful for any person to transact and carry on any business, trade, or profession without first having procured a license from the City to do so. **All business licenses expire on December 31<sup>st</sup> and must be renewed annually. Renewal notices are mailed at the beginning of each year.**

**BUSINESS LICENSE ISSUANCE REQUIREMENTS:**

Business Licenses are issued following clearance by Community Development personnel. The Community Development Department will check for Zoning regulations & Code requirements.

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**Please contact the following for compliance with other Code Requirements:**

- The Fort Bragg Fire Protection Authority, (707) 961-2830
- The Mendocino County Building Department, (707) 964-5379
- The Mendocino County Health Department (707) 964-4713
- The Mendocino County Business License Department (707) 234-6875

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**INSTRUCTIONS OF CALCULATING BUSINESS LICENSE TAX & OTHER FEES**

**GROSS RECEIPTS:**

Generally, the term “gross receipts” includes the total amount of the sale, service or transaction without deductions for any costs or other expenses. **The following are excluded from “gross receipts”:**

- (1) cash discounts taken on sales;**
- (2) credit allowed on saleable trade-in property;**
- (3) sales or use tax paid by purchaser;**
- (4) refund of cash or credit;**
- (5) amounts collected for others as agent or trustee, to the extent paid to the person for whom collected.**

**AVERAGE NUMBER OF EMPLOYEES:**

The average number of persons employed daily in the licensee’s business during the previous year, is determined by adding the total number of employees on the fifteenth day of each month, or on the day of the mid-month payroll period, and each of the preceding twelve months, and dividing the total by twelve.

**LICENSE - TRANSFERRING LOCATION OR OWNERSHIP:**

Transferring of the Business to a new owner shall be reported to the City on the application form and a fee shall be charged for transferring the license to a new ownership. Any person wishing to transact or carry on business at a place other than previously designated or where the location or type of the business is changed shall notify the City as to the change by completing the application form, and a fee shall be charged for amending the license. (See fee list on page 4.)

**MANDATED STATE FEE** – SB-1186 requires a four dollar (\$4.00) fee on all business license applications to increase disability access and compliance with construction-related accessibility requirements.

