



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

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

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

Business Owner Information:

1) Owner Name: _____ DL #: _____

Residential Address: _____

City: _____ State: _____ Zip: _____

Phone No: _____ Date of Birth: _____

2) Additional Owner: _____ DL #: _____

Residential Address: _____

City: _____ State: _____ Zip: _____

Phone No: _____ Date of Birth: _____

3) Additional Owner: _____ DL #: _____

Residential Address: _____

City: _____ State: _____ Zip: _____

Phone No: _____ Date of Birth: _____

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

(CONTINUED ON PAGE TWO)

City Use Only

Customer No. _____

License Certificate No. _____

Business Type _____

Health Permit # _____

Business License Fee

Tax \$ _____

Fee \$ _____

State \$ **\$4.00**

Total: \$ _____

(cash or check only)

ABC# _____

BAR# _____

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

Partnership/Corporation/LLC #: _____
(list board members on page one under Business Owner Information)

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: _____

Business Mailing Address: _____

City/State/Zip: _____

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

CERTIFICATION OF STATE & FEDERAL STORMWATER CONTROL REQUIREMENTS

1. Primary Standard Industry Code (SIC) # _____

SIC# _____

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

Occupancy

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

AP# _____

Zoning Designation

Community Development Department Date

Public Works Department Date

Parking Requirements

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 or
\$ 5,000 to \$ 29,999 \$ 30.00 or
\$ 30,000 to \$199,999 0.10% of Gross Receipts (Gross Receipts x 0.0001) or
\$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: \$ 87.00
State Mandated Fee: \$ 4.00
Total Due: \$ _____

Home Based Business in the City of Fort Bragg

(Use when fire inspection is not required. If Fire Inspection is required, use Section A.)

B. Gross Receipts

\$ 00 to \$ 4,999 \$ 10.00 or
\$ 5,000 to \$ 29,999 \$ 30.00 or
\$ 30,000 to \$199,999 0.10% of Gross Receipts (Gross Receipts x 0.0001) or
\$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: \$ 58.00
State Mandated Fee: \$ 4.00
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 or
\$ 5,000 to \$ 29,999 \$ 30.00 or
\$ 30,000 to \$199,999 0.10% of Gross Receipts (Gross Receipts x 0.0001) or
\$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: \$ 58.00
State Mandated Fee: \$ 4.00
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: \$ 87.00
State Mandated Fee: \$ 4.00
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: \$ 58.00
State Mandated Fee: \$ 4.00
Total Due: \$ _____

All Other Business Types

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

State Mandated

			Fee
F. Vehicle Delivery Businesses: (Flat Rate or based on Gross Receipts, complete A above)	Flat Rate	\$ 50.00	per year + \$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 \$ _____
	TOTAL DUE:	_____	
One Time Jobs (under \$2,000)	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	No Tax		
<u>(must provide proof of nonprofit status and list of officers)</u>	Total Due:	\$ 45.00	+ \$4.00
Business Transfer Fee (owner/location)	Flat Rate	\$ 78.00/\$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	

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 city.fortbragg.com.

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 are annual from January 1, become delinquent March 1, and expire December 31.** All licenses paid on or after March 1 accrue penalties of 10% per month thereafter, not to exceed 100% of the license tax due.

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 of \$95.00 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 of \$105.00 shall be charged for amending the license.

MANDATED STATE FEE - On September 19, 2012 Governor Brown signed into law SB-1186 which adds a state fee of \$1.00 on any applicant for a local business license or similar instrument or permit, or renewal thereof. The purpose is to increase disability access and compliance with construction-related accessibility requirements and to develop educational resources for businesses in order to facilitate compliance with federal and state disability laws, as specified. AB-1379 states that on and after January 1, 2018, through December 31, 2023, the one- dollar (\$1.00) additional fee is increased to four-dollars (\$4.00)

The following information may be helpful and answer some of the most frequently asked questions about starting a business.

Fictitious Business Name Filing: This process is completed through the Mendocino County offices located at 501 Low Gap Road in Ukiah, CA. Questions regarding filing need to be directed to the County Clerk Recorder at (707) 463-4370 or go to www.co.mendocino.ca.us.

Resale Number: This number may be required for purchasing supplies from a wholesaler. To verify if your business needs a resale number, you may obtain additional information from the State Board of Equalization at 1-800-400-7115 or www.boe.ca.gov. The nearest office is located in Santa Rosa.

Wholesale Number: If you plan to purchase items at wholesale you may also need a wholesale number. You can obtain additional information from the State Board of Equalization at 1-800-440-7115 or visit www.boe.ca.gov

Health Permit: If you are marketing a food item, a health permit is required. You may obtain these permits through the Mendocino County Department of Environmental Health, 120 W Fir Street in Fort Bragg, CA or call 707-961-2714. **A FORT BRAGG BUSINESS LICENSE WILL NOT BE ISSUED UNTIL A COPY OF THE HEALTH PERMIT IS RECEIVED IN OUR OFFICE.**

Federal and State Identification Numbers: All new businesses employing one or more persons must apply for a State Employer's Identification number by contacting The State's Employment Development Department at 1-888-745-3886 or visiting their website at <http://www.edd.ca.gov/>. You may also need a Federal Identification number if you are employing one or more persons. Contact the IRS Business Tax line at 1-800-829-1040 or visit their website at www.irs.gov for more information.

California State License Number: Any business required by the State of California to obtain a license or certification from the State, must provide that number to the City prior to obtaining a business license ie: Accountants, Acupuncturists, Architects, Automotive Repair, Barbering & Cosmetology, Cemetery & Funeral, Chiropractic, Contractors, Dental Professions, Electric & Appliance Repair, Engineers & Land Surveyors, Geology, Hearing Aid Dispensers, Home Furnishings, Landscape Architects, Landscape Contractors, Lawyers, Medical Doctors, Midwives, Occupational Therapy, etc.
The State of California Contractor's Licensing Board phone number is 1-800-321-2752

Stormwater Control Requirements: SB-205 requires a person applying to a city or a county for an initial business license or business license renewal, who conducts business operations as a regulated industry to demonstrate enrollment with the National Pollutant Discharge Elimination System (NPDES). Answers to frequently asked questions can be found online at <https://www.cacities.org/Resources-Documents/Policy-Advocacy-Section/Legislative-Resources/SB-205-FAQ-Cities-Counties.aspx>
To find your businesses SIC Code, go to: <https://www.osha.gov/pls/imis/sicsearch.html>

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