



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 businesses & professions please 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: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2) 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)

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:

- \_\_\_\_\_
- \_\_\_\_\_

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 \$ \_\_\_\_\_  
 State \$ **\$4.00**  
 Total: \$ \_\_\_\_\_  
 Zoning Designation \_\_\_\_\_  
 Parking Requirements \_\_\_\_\_  
 Occupancy \_\_\_\_\_  
 Health Permit # \_\_\_\_\_  
 Bureau of Automotive Repair BAR# \_\_\_\_\_  
 AP# \_\_\_\_\_

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 .... \$ 30.00 plus .1 % (0.001) above \$ 30,000 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: \$ \_\_\_\_\_

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**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 .... \$ 30.00 plus .1 % (0.001) above \$ 30,000 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: \$ \_\_\_\_\_

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**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 .... \$ 30.00 plus .1 % (0.001) above \$ 30,000 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: \$ \_\_\_\_\_

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

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**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:**

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

<b>Taxi (First Vehicle)</b>	<b>Flat Rate</b>	<b>\$ 245</b>	<b>+DOJ fees+</b>	<b>\$4.00</b>	
<b>Taxi (Additional Vehicles \$10.00 Each)</b>	<b>No. Vehicles</b>	_____	<b>x \$10.00</b>	<b>\$</b>	_____
	<b>TOTAL DUE:</b>	_____			

**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  
**(must provide proof of nonprofit status and list of officers)** 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**

State Mandated

Fee

