



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 Check only via mail, cash/credit card in person 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: _____ Drivers Lic # : _____

Residential Address: _____

City: _____ State: _____ Zip: _____

Phone No: _____ Date of Birth: _____

2) Owner Name: _____ Drivers Lic # : _____

Residential Address: _____

City: _____ State: _____ Zip: _____

Phone No: _____ Date of Birth: _____

3) Owner Name: _____ Drivers Lic # : _____

Residential Address: _____

City: _____ State: _____ Zip: _____

Phone No: _____ Date of Birth: _____

4) Owner Name: _____ Drivers Lic # : _____

Residential Address: _____

City: _____ State: _____ Zip: _____

Phone No: _____ Date of Birth: _____

City Use Only

Customer No. _____

License No. _____

Business Type _____

Business License Fee _____

Tax \$ _____

Fee \$ _____

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: \$ _____
- 2. Business License Fee: \$ 83.00
- 3. Total Due (Add lines 1 + 2 +3): \$ _____

See Business License Tax Table

Payment by Cash or Check only

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

Estimate Gross Receipts Year 20____ : \$ _____

- 1. Tax Based on Estimate Gross Receipts: \$ _____
- 2. Business License Fee: \$ 53.00
- 3. Total Due (Add line 1 + 2): \$ _____

See Business License Tax Table

Payment by Cash or Check only

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

Estimate Gross Receipts Year 20____ : \$ _____

- 1. Tax Based on Estimate Gross Receipts: \$ _____
- 2. Business License Fee: \$ 53.00
- 3. Total Due (Add line 1 + 2): \$ _____

See Business License Tax Table

Payment by Cash or Check only

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: \$ _____
- 4. Business License Fee: \$ 83.00
- 4. Total Due: \$ _____

See Business License Tax Table

Payment by Cash or Check only

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: \$ _____
- 5. Business License Fee: \$ 53.00
- 5. Total Due: \$ _____

See Business License Tax Table

Payment by Cash or Check only

All Other Business Types

F. **Vehicle Delivery Businesses:** (Flat Rate or based on Gross Receipts, complete A above) Flat Rate \$ 50.00 per year + fee
Peddler: (regular route with truck) Flat Rate \$ 75.00 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 \$ 245 +DOJ fees
Taxi (Additional Vehicles \$10.00 Each) No. Vehicles _____ x \$10.00 \$ _____

One Time Jobs (under \$2,000) Flat Rate \$ 20.00

Junk Dealer Flat Rate \$ 75.00 per year
Pawnbroker Flat Rate \$100.00 per year

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

Other Business Fees

Business Transfer Fee - Change of Owner Flat Rate \$ 70.00
Change of Business Location Flat Rate \$ 93.00
Business License Name Change Flat Rate \$ 13.00
Duplicate License Fee Flat Rate \$ 10.00
Expedited License Fee (2 days or less) \$ 158.00

CITY USE ONLY	
Local Agency Approvals	
Issuance of the herein referenced business license is hereby approved pursuant to and/or with the following conditions:	
_____	_____
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 31st 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.)

