

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

TWO SIDED DOCUMENT

Please complete both sides of this application.

(CONTINUED ON PAGE TWO)

| | ICATION FOR BUSINESS Insertion | | t Cash/Check | only for taxes & Fees) | <u>City Use Only</u> |
|---------|---|-------------------------|----------------|------------------------------------|----------------------|
| Start | Date | | | | Customer No. |
| | | BUSINESS LO | CATION | | |
| Busin | ess Name: | | | | License No. |
| Busin | ess Location | | Chec | ck One: upstairs downstairs | |
| City _ | | St Zi | р | | |
| Busines | ss to be conducted from: Home | Garage/Shop/Accessory S | tructure Cor | nmercial Structure | Business Type |
| Previ | ous Use At this Address: _ | | | | |
| Tools | , chemicals, and/or equipme | ent to be used in Bus | iness: | | Business License Fee |
| | | BUSINESS CO | NTACT | | |
| Busin | ess Mailing Address: | | | | Tax \$ |
| City _ | | St Zi | р | | Fee \$ |
| Busin | ess Phone: | Email: _ | | | State \$ \$4.00 |
| | /NER INFORMATION (Please ore than four individuals, pl | • | | ate officers / board member er. | Total: \$ |
| 1) | Owner Name: | | ID # : | | (cash or check only) |
| | Residential Address: | | | | _ |
| | City: | | State: | Zip: | |
| | Phone No: | | Date of Birt | h: | |
| 2) | | | | | |
| | 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 Rirt | h· | |

| Application for Business License- Page T | wo BUSINESS INFORMATION | | City Use Only |
|---|---|--|-------------------|
| 1. Is this a : (circle one) 1) New Busine | ess 2) Owner Change 3) Name Cha | ange 4) New Location 5) Renewal | |
| 2. Type: 1) Retail 2)Wholesale 3) Service 4 | | | |
| 2A. Mechandise Sold: | | | List Board |
| | | | Attached YES / NO |
| 3. Legal Status: Sole Proprietor / Pa | - | tion / Non-Profit Corporation | , |
| # 3A. Partnership/Corporation/LLC list board members on page one und | | | |
| 4. Tax ID number (FEIN or Social Sec | urity No.): | | Check all |
| 5. Does your business have employee | es? 1) Yes 2) No 3) Not currently, | , but plan to hire. | needed: FEIN |
| 5A. If you answered 1 or 3, please | provide your State Employer Ident | tification No (SEIN) | SEIN |
| SEIN: | (For mo | ore information, see instruction page) | BEAN |
| 6. Does your business sell tangible p | roducts? 1) Yes 2) No | | |
| 6A. If yes, please provide your CA | Retail Sales Tax Number. (also called | d BEAN or "Resale Number") | |
| | (For mo | | |
| Required: (The State of California requires ma Affairs. For a listing of required businesses & prof 7. CA State License Number: DR: State Contractor Number: DR: I certify that I am exempt from | fessions please visit the Dept. of Consumer Af | fairs online at "http://www.dca.ca.gov") | |
| 8. Does your business sell food or fo | | | FD # |
| 8A. If yes, please provide health p 9. Does you business manufacture at 9A. If yes, provide license # thereby certify under penalty of perjury to correct to the best of my knowledge and in accordance with the provisions of zoni | nd/or sell alcohol? 1) Yes 2) No 3 AND attach copy of license. that the foregoing statements contain belief and that the business identified |) License Pending ned in this application are true and d in this application will be conducted | ABC# |
| Signed and Dated | | | |
| Signature | | Date | _ |
| | E & FEDERAL STORMWATER CONT ocated <i>inside</i> the City Limits must | | |
| | • | complete | SIC# |
| Primary Standard Industry Co Must provide 4-digit SIC. See: | | | |

(CONTINUED ON PAGE THREE)

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)

| Businses 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)] | | |

| | 30 . (0.000 | | . 6 () 2 () () () |
|--|------------------------|---------------|--|
| A. Retail Sales, Services, Professionals, Con | tractors E | tc. located i | n the City of Fort Bragg. |
| Estimate Gross Receipts Year 20: \$ | | _ | |
| 1. Tax Based on Estimate Gross Receipts: | Ś | | See Business License Tax Table |
| 2. Business License Fee: | \$ | 83.00 | |
| 3. State Mandated Fee: | | 4.00 | |
| Total Due (Add lines 1 + 2 | | | Payment by Cash or Check only |
| B. Home Based Businesses in the City of For | t Bragg. | | |
| Estimate Gross Receipts Year 20 : \$ | | _ | |
| 1. Tax Based on Estimate Gross Receipts: | Ś | | See Business License Tax Table |
| 2. Business License Fee: | \$ | 53.00 | |
| 3. State Mandated Fee: | | 4.00 | |
| Total Due (Add line 1 + 2 | +3) : \$ | | Payment by Cash or Check only |
| C. Business Outside City, (providing Services | inside the | e City of For | t Bragg). |
| Estimate Gross Receipts Year 20: \$ | | | |
| 1. Tax Based on Estimate Gross Receipts: | \$ | | See Business License Tax Table |
| 2. Business License Fee: | \$ | 53.00 | |
| 3. State Mandated Fee: | \$ | 4.00 | |
| Total Due (Add line 1 + 2 | +3) : <u>\$</u> | | Payment by Cash or Check only |
| Employee Formula | (for Categ | ory D & E B | elow – ONLY) |
| First Person (including owners) | \$ 50.00 | | |
| Next Five Employees | | | |
| All additional employees | \$ 2.00 each | | |
| D. Wholesale manufactures, Common Carrie Estimate Gross Receipts Year 20: \$ | _ | Company, l | Lumber brokers in the City of Fort Bragg |
| 1. Tax Based on Number of Employee: | <u>\$</u> | | See Business License Tax Table |
| 4. Business License Fee: | <u>\$</u> | 83.00 | |
| 4. State Mandated Fee: | \$ | 4.00 | |
| Total D | Oue: <u>\$</u> | | Payment by Cash or Check only |
| E. Wholesale Manufacturers, Common Carriers | s, Utility Co | ompanies, L | umber Brokers not in the City of Fort Brag |
| Estimate Gross Receipts Year 20: \$ | | _ | |
| 1. Tax Based on Number of Employees: | \$ | | See Business License Tax Table |
| 5. Business License Fee: | \$ | 53.00 | |
| 5. State Mandated Fee: | \$ | 4.00 | |
| Total D | Oue: \$ | _ | Payment by Cash or Check only |

Application for Business License- Page Four

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 | s 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 lo | cation \$20.00 per day) No. Days | <u>x \$20.00</u> + \$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 | <u>\$ 20.00</u> + 4.00 = <u>\$24.00</u> |
| Junk Dealer | Flat Rate | \$ 75.00 per year + \$4.00 |
| Pawnbroker | Flat Rate | \$100.00 per year + \$4.00 |
| Non-Profit Organizations | Total Due: <u>\$ 45.00</u> | + \$4.00 |
| (must provide proof of nonprofit status and list of | f officers) | |
| Other Business Fees | | |
| Business Transfer Fee - Change of Owner | Flat Rate \$ 70. | <u>00</u> |
| Change of Business <u>Location</u> | Flat Rate \$ 93. | <u>00</u> |
| Business License Name Change | Flat Rate \$ 13. | 00_ |
| Duplicate License Fee | Flat Rate <u>\$ 10.</u> | <u>00</u> |
| Expedited License Fee (2 days or less) | \$ 158 | <u>.00</u> |

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Revised: 04-16-2021

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 <u>NOT</u> 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.

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

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"**;

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(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.

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) 234-6822 or go to: https://www.mendocinocounty.org/government/assessor-county-clerk-recorder-elections/county-clerk/fictitious-business-names

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 California Tax & Fee Administration at 1-800-400-7115 or https://www.cdtfa.ca.gov/ The nearest office is located in Santa Rosa.

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/. 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.

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-FAO-Cities-Counties.aspx

To find your businesses 4-digit SIC Code, go to: https://www.naics.com/code-search/

West Business Development Center – 345 N. Franklin Street, Fort Bragg (707) 964-7571 https://www.westcenter.org/ Mission is to educate and advocate for small business so that local entrepreneurs receive the information they need to launch and expand their business.

CITY OF FORT BRAGG FINANCE DEPARTMENT 416 N. FRANKLIN ST. FORT BRAGG, CA 95437

CITY OF FORT BRAGG PHONE NO. (707) 961-2825
FINANCE DEPARTMENT FAX NO. (707) 961-2913

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