



4381 Broadway, Suite 201, American Canyon, CA 94503
 Telephone (707) 647-4354 • Fax (707) 643-2371
 Attn: Business License Coordinator

BUSINESS LICENSE APPLICATION

- Please Check All That Apply**
- New Application
 - Change of Owner
 - Change of Address
 - Change of Business Name
 - HOME OCCUPATION
 - Outside City Limits

Business Name _____

Business Location _____
(Cannot be a P.O. Box per State of California Business & Professions Code-Section 17538.5)

Mailing Address (If Different) _____

Bus. Phone _____ **Bus. Fax** _____ **Cell #** _____

E-Mail Address _____

Description of Business _____

Ownership Corporation Corp-Ltd Liability Partnership Sole Proprietor Trust

Bus. Start Date _____

Hours Open _____ **Days Open** _____

of Employees - F/T _____ **P/T** _____

Resale No. _____

Federal ID No. _____

State ID No. _____

Napa County Health Permit # _____
(If food or alcohol sales are involved)

Expiration Date _____

Type of Business: Manufacturing Retail
 Wholesale Professional Services
 Rentals Other

Enter below names of Owners, Partners, or Corporate Officers **(attach additional sheet, if necessary)**.

1st Owner Name _____ **Title** _____ **Date of Birth** _____

Home Address _____ **Driver Lic. No.** _____
(Cannot be a P.O. Box)

Home Phone No. _____ **Cell Phone No.** _____

2nd Owner Name _____ **Title** _____ **Date of Birth** _____

Home Address _____ **Driver Lic. No.** _____
(Cannot be a P.O. Box)

Home Phone No. _____ **Cell Phone No.** _____

In case of emergency, please contact **(attach additional sheet, if necessary)**.

Contact Name _____ **Phone No.** _____

Address _____ **Cell Phone No.** _____

Alarm Company, if applicable **(attach additional sheet, if necessary)**.

Company Name _____ **License No.** _____

Address _____ **Phone No.** _____

ADDITIONAL INFORMATION. If applicable please provide a copy for our records.

Will there be any construction modification done to the premises? Yes No

State Lic. No. _____ **License Classification(s)** _____ **Issue Date** _____ **Expiration Date** _____

Worker's Comp. Policy No. _____ **Insurer** _____ **Expiration Date** _____

PLEASE COMPLETE THE FOLLOWING:	CITY USE ONLY
Annual Gross Receipts \$ _____ Class Table _____	Bus. Lic. No. _____ Date Issued _____ Issued By _____ A.P.N. _____ Zone _____ <input type="checkbox"/> Permitted Use <input type="checkbox"/> Non-Permitted Use <input type="checkbox"/> Requires C.U.P. C.U.P. # _____ H.O.P. # _____ FEES: <input type="checkbox"/> Exempt <input type="checkbox"/> Tax Exempt Date Fees Paid _____ Receipt No. _____
Flat Fee Amount - Type: _____ Units _____	
Application Fee \$25 plus \$1 State Mandated CASp Fee (Non-Refundable)	
Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check/CC No. _____ TOTAL AMOUNT DUE _____	
PLEASE MAKE CHECK PAYABLE TO CITY OF AMERICAN CANYON Thank you for doing business in the City of American Canyon	
I certify that the information submitted above is complete and accurate.	
Signature of Owner or Representative _____	Date _____
7/2015 - LAB	

CITY OF AMERICAN CANYON

Business License Fee Schedule

Gross Receipts Range	Class A	Class B	Class C
0 - 10,000	0	0	0
10,001 - 25,000	20	24	28
25,001 - 50,000	25	30	36
50,001 - 100,000	30	36	43
100,001 - 250,000	46	55	66
250,001 - 500,000	76	90	108
500,001 - 750,000	114	135	162
750,001 - 1,000,000	150	180	216
1,000,001 - 2,000,000	400	500	600
2,000,001 - 3,000,000	500	625	750
3,000,001 - 4,000,000	600	750	900
4,000,001 - 5,000,000	700	875	1,050
5,000,001 - 10,000,000	1,000	1,250	1,500
10,000,001 - and up	1,500	1,875	2,250

Class A

Automobile repair and services
 Laundry, dry cleaning and garment services
 Manufacturing
 Retail Trade
 Wholesale Trade

Class B

Amusement & Recreation Services
 (including motion pictures)
 Architectural Services
 Automotive Sales
 Barbers and Hairstylists
 Beauty Shops
 Engineering Services
 Landscaping & Horticultural Services
 Operators, renters, lessors of commercial property
 Services to buildings - Hotels & Motels

All other persons engaged in business not specifically listed elsewhere.

Class C

Accounting and Bookkeeping Services
 Insurance Brokers and Services
 Management & Public Relations Services
 Real Estate Agents, Brokers, & Managers
 Financial Services
 Legal Services
 Medical & Health Services

FLAT RATES

Category	Rate
Transportation Services	
Vehicle up to 1/2 ton	15.00 per vehicle
1/2 ton to 2 ton	25.00 per vehicle
2 ton to 3 ton	50.00 per vehicle
Over 3 tons	75.00 per vehicle
Advertising Billboards	100.00 per sign
Distributing Handbills	100/yr 50/mo 25/day
Auctioneers	250/yr 25/day
Carnivals, fairs	200 + 150/day
Over 10 concessions	30 + 20/day
Circuses	200/day
Contractors (Primary CSLB Class A or B)	100/full yr 50/6 mos.
Special Contractors (Primary CSLB Class C or D)	50/full yr 25/6 mos.
Sound Trucks, per truck	200/yr or 50/day
Klieg Lights, per light	150/yr or 15/day
Apartments, residential rentals, 4 or more units	12/unit
Mobile Home, Trailer or RV park	12/space
Sales Representatives	25/yr
Peddlers & Solicitors, Principal	200/yr
Each additional peddler	10/qtr
Taxicab Operators	60 + 25/vehicle
Card Tables	150/table
Additional Branch or type of Business	3.00 each

For businesses not listed above, please call the
 Finance Department at (707) 647-4354.

BUSINESS LICENSE APPLICATION FEE (Non-Refundable) \$25.00

HOME OCCUPATION PERMIT FEE \$57.00

ZONING CLEARANCE FEE (Commercial Applicants Only - Non-Refundable) \$57.00

CASp Fee (STATE MANDATED and Non-Refundable) \$1.00

Thank you for doing business in the City of American Canyon