CITY OF AMERICAN CANYON

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)
_____
City *State* *Zip*

Mailing Address (If Different) _____
_____
City *State* *Zip*

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** _____
Home Address _____
(Cannot be a P.O. Box) _____
Home Phone No. _____ **Cell Phone No.** _____
Date of Birth _____
Driver Lic. No. _____
Soc. Sec. No. _____

2nd Owner Name _____ **Title** _____
Home Address _____
(Cannot be a P.O. Box) _____
Home Phone No. _____ **Cell Phone No.** _____
Date of Birth _____
Driver Lic. No. _____
Soc. Sec. No. _____

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

Contact Name _____
Address _____
Phone No. _____
Cell Phone No. _____

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

Company Name _____
Address _____
License No. _____
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:

Annual Gross Receipts $ _____ Class Table _____ $

Flat Fee Amount - Type: _____ Units _____ $

Application Fee $25 plus $1 State Mandated CASp Fee (Non-Refundable) $ 26.00

Payment: ☐ Cash ☐Check/CC No. _____ TOTAL AMOUNT DUE $
(Note: Visa, MasterCard, or Discover accepted over phone or in office)

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

CITY USE ONLY

Bus. Lic. No. _____

Date Issued _____ Issued By _____

A.P.N. _____ Zone _____

☐ Permitted Use ☐ Non-Permitted Use

☐ Requires C.U.P. C.U.P. # _____

H.O.P. # _____

FEES: ☐ Exempt ☐ Tax Exempt

Date Fees Paid _____

Receipt No. _____

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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 $58.00

ZONING CLEARANCE FEE (Commercial Applicants Only - Non-Refundable) $58.00

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

Thank you for doing business in the City of American Canyon

7/2016 - LAB

HOME OCCUPATION PERMIT APPLICATION

($58 Fee)

CITY OF AMERICAN CANYON
COMMUNITY DEVELOPMENT DEPARTMENT

Applicant's Information (Please type or print)

Applicant's name: _____

Home address: _____

Mailing address: _____

Name of business: _____ APN: _____

Telephone (business): _____ (home): _____

Property owner's name: _____ Property owner's signature: _____

Property owner's phone (business): _____ (home): _____

Location of business in residence: ❑ bedroom ❑ accessory structure ❑ garage ❑ other _____

Total floor area of residence to be utilized by home occupation: _____ square feet

Proposed business activity *at residence:* _____

_____

Type of equipment/materials *used at your residence* that may create noise, hazardous waste, or odors:

_____

Is there any proposed storage, use or handling of:

Flammable liquids	❑ Yes	❑ No	Hazardous materials	❑ Yes	❑ No
Flammable solids	❑ Yes	❑ No	Explosives	❑ Yes	❑ No
Odorous materials	❑ Yes	❑ No	Food	❑ Yes	❑ No

Applicant's Certification

I hereby certify under penalty of perjury that the statements furnished herein present all information required for this application, and that the facts, statements and information presented are true and correct, and based upon my personal knowledge. I hereby acknowledge my obligation to comply with the American Canyon Municipal Code as it pertains to my business and to obtain all necessary City, County, State and Federal permits, approvals and/or clearances including but not limited to, building and electrical permits.

Further, I hereby certify that I have read, understand and have reviewed the criteria (indicated on the reverse) for the operation of a home occupation and hereby agree to comply with these criteria.

I also understand that should I fail to comply with the Home Occupation Ordinance, my home occupation permit may be revoked pursuant to procedures set forth in Section 19.29.040 of the Municipal Code.

_____ _____

Applicant's Signature **Date**

Home Occupation Criteria

- No person other than those persons who are residents of the premises shall be engaged in a home occupation.
- The use of the dwelling for the home occupation shall be clearly incidental and subordinate to its use for residential purposes by its occupants, and not more than 25% of the gross floor area of the dwelling unit shall be used in the conduct of the home occupation.
- There shall be no change in the outside appearance of the building or premises, or other visible evidence of the conduct of such home occupation.
- A home occupation may be conducted only within an enclosed building, whether the building constitutes part of the main building or in an accessory building.
- There shall be no sales in connection with such home occupation other than sales of merchandise produced on the premises or directly related to the services offered.
- No pedestrian or vehicular traffic shall be generated by such home occupation in greater volumes than would normally be expected in a residential neighborhood.
- No equipment or process shall be used in such home occupation that creates noise, vibration, glare, fumes, odors, or electrical interference detectable off the lot to the normal senses. In the case of electrical interference, no equipment or process shall be used that creates visual or audible interference upon any radio or television receivers off the premises, or causes fluctuations in line voltage off the premises. A home occupation shall not cause any adverse impacts such as offensive odors or excessive noise, lighting, or traffic that are incompatible with the residential area, or in violation with the provisions of any applicable laws or regulations.
- No vehicle over one ton carrying capacity may be used in the conduct of a home occupation.
- Every home occupation shall fully comply with all city, state and federal Codes, ordinances, rules, and regulations.

Any person aggrieved by the action of the Community Development Director upon an application for a home occupation permit may appeal such an action by filing a written notice of appeal with the Director within ten days after the date of the mailing of such action.

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Telephone: (707) 647-4336

CITY OF AMERICAN CANYON
COMMUNITY DEVELOPMENT DEPARTMENT

HOME OCCUPATION PERMIT QUESTIONNAIRE

Applicant: Please complete this form, answering all questions. Attach additional information if necessary.

Name: _____ Business name: _____

Address: _____ Phone: _____

Description of business: _____

	YES	NO	N/A
Will there be more than one home occupation conducted from the home? ~ If yes, provide the name and type of business.			
Is the applicant the owner of the home? ~ If no, provide the property owner's signature and contact info on the application.			
Is the applicant an occupant of the home?			
Will non-residents of the dwelling unit be involved in the home occupation?			
Will the home occupation require any addition, interior alteration, or exterior remodeling?			
Will the home occupation require the use of more than 25% of the total floor area of the dwelling unit (including the garage)? Provide the square footage on the application.			
Will there be any chemicals relating to the home occupation stored onsite? ~ If yes, list type(s) and location(s).			
Will any equipment or material relating to the home occupation, other than related vehicles, be stored outside of the home?			
Will a business-related vehicle be stored at the home?			
~ If yes, does the vehicle have a carrying capacity of more than one ton?			
Are any signs advertising the home occupation proposed?			
Will there be personal contact with customers/clients at the applicant's residence? ~ If yes, how frequently?			
Will materials associated with the home occupation (besides mail) be delivered to the residence?			
~ If yes, will the frequency of delivery exceed five times per week?			
Does this business violate any state or federal laws?			

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CITY OF AMERICAN CANYON
COMMUNITY DEVELOPMENT DEPARTMENT

BUSINESS LICENSE AND HOME OCCUPATION, AND COTTAGE FOOD PERMIT ROUTING FORM

Applicant: The department contacts listed below may have comments or requirements, and will initial this form. Your application will be reviewed at the next Project Review Committee meeting. You may be contacted by one or more of the department contacts with additional questions about your business.

	CONTACT	ADDRESS	PHONE	FAX	INITIAL
STEP 1					
Planning Division	Taresa Murphy	4381 Broadway, Suite 201	647-4348	643-2355	
This is a PRE-SCREEN QUALIFICATION to ensure that the use is permitted in the zoning district.					
STEP 2					
Building Division	Carlos Baltodano	4381 Broadway, Suite 201	647-4339	643-2355	
Comments and/or requirements:					
Public Works Dept.	Lou Leet	4381 Broadway, Ste 201	647-4521	647-4367	
Comments and/or requirements:					
Wastewater Treatment	Pam Phillips	151 Mezzetta Court	647-4544	557-2548	
Comments and/or requirements:					
Fire District	Larry Pasero	1600 First Street, Napa	257-9590	257-9522	
Comments and/or requirements:					
Police Department	Ryan Woolworth	911 Donaldson Way East	551-0605	644-8641	
Comments and/or requirements:					
STEP 3					
Planning Division	Brent Cooper	4381 Broadway, Suite 201	647-4335	643-2355	
Please note: Planning approval can only be given after all required departments have initialed above.					
Comments and/or requirements:					
STEP 4					
Finance Department	Laura Banta	4381 Broadway, Suite 201	647-4354	643-2371	
Comments and/or requirements:					