



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 _____
7/2016 - 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 \$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

4381 Broadway, Suite 201, American Canyon, CA 94503
 Telephone: (707) 647-4336



ZONING CLEARANCE FORM (\$58.00 Fee)

BUSINESS INFORMATION

Business: _____
 Address: _____
 City, Zip: _____
 Phone: _____
 Contact: _____
 E-Mail: _____

PROPERTY OWNER INFORMATION

Name: _____
 Address: _____
 City, Zip: _____
 Phone: _____

DESCRIPTION OF BUSINESS OPERATION

Total area of business (sq. ft.) _____
 Retail (sq. ft.) _____
 Office (sq. ft.) _____
 Warehouse (sq. ft.) _____
 Manufacturing (sq. ft.) _____
 Other (sq. ft.) _____
 Describe business operations: _____

 Days & hours of operation: _____

 Total number of employees per shift: _____
 Total number of *onsite* parking spaces available for use by
this business: _____

BUILDING INFORMATION

Is this a new business? Yes No
 Was this building/space previously vacant? Yes No
 Area of this space (sq. ft.) _____
 Name of previous business: _____
 Describe the nature of the previous use: _____

 Does the building have fire sprinklers? Yes No
 Are there any proposed interior alterations? Yes No

 Are there any proposed exterior alterations? Yes No

 Will the business require a sign? Yes No

SITE UTILIZATION

Will there be changes to the parking lot? Yes No

 Will a loading dock be used? Yes No
 If yes, existing or new? _____
 Will business require service/delivery vehicle? Yes No

 Will business involve retail sales to walk-in
 patrons? Yes No

 Will business involve retail sales of alcoholic
 beverages? Yes No

 Will business provide service or repair? Yes No

 Will there be outside storage of goods or
 materials? Yes No

 Will hazardous, toxic, flammable or combustible
 liquids/materials be stored on the property? Yes No

Will property produce non-domestic sewage? Yes No

 Does the property have an outdoor enclosure for solid waste and
 recycling containers? Yes No
 -If no, where will solid waste and recycling containers be stored?

 What is the estimated average daily water usage?

PLANNING DIVISION USE ONLY			
Zoning Dist: _____	CUP required: Yes	No	
Comments: _____			
Prescreen: _____	Approved: _____	Denied: _____	
Signature: _____	Date: _____		



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.

<u>STEP 1</u>	CONTACT	ADDRESS	PHONE	FAX	INITIAL
Planning Division	Taresa Murphy	4381 Broadway, Suite 201	647-4348	643-2355	<input type="text"/>

This is a PRE-SCREEN QUALIFICATION to ensure that the use is permitted in the zoning district.

<u>STEP 2</u>	CONTACT	ADDRESS	PHONE	FAX	INITIAL
Building Division	Carlos Baltodano	4381 Broadway, Suite 201	647-4339	643-2355	<input type="text"/>

Comments and/or requirements: _____

Public Works Dept.	Lou Leet	4381 Broadway, Ste 201	647-4521	647-4367	<input type="text"/>
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Comments and/or requirements: _____

Wastewater Treatment	Pam Phillips	151 Mezzetta Court	647-4544	557-2548	<input type="text"/>
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Comments and/or requirements: _____

Fire District	Larry Pasero	1600 First Street, Napa	257-9590	257-9522	<input type="text"/>
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Comments and/or requirements: _____

Police Department	Ryan Woolworth	911 Donaldson Way East	551-0605	644-8641	<input type="text"/>
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Comments and/or requirements: _____

<u>STEP 3</u>	CONTACT	ADDRESS	PHONE	FAX	INITIAL
Planning Division	Brent Cooper	4381 Broadway, Suite 201	647-4335	643-2355	<input type="text"/>

Please note: Planning approval can only be given after all required departments have initialed above.

Comments and/or requirements: _____

<u>STEP 4</u>	CONTACT	ADDRESS	PHONE	FAX	INITIAL
Finance Department	Laura Banta	4381 Broadway, Suite 201	647-4354	643-2371	<input type="text"/>

Comments and/or requirements: _____