



CITY OF CALISTOGA

1232 Washington Street, Calistoga, CA 94515
(707) 942-2754 - Fax (707) 942-2831

BUSINESS LICENSE APPLICATION

Please Check One

- New Application
- Change of Owner
- Change of Address
- Change of Business Name
- HOME OCCUPATION

| | |
|---|--|
| Business Name _____ | Enter # of persons working (including owner) <input style="width: 50px;" type="text"/> |
| Legal Owner's Name _____ <small>(if applicable)</small> | Bus. Start Date _____ |
| Business Location _____ <small>(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)</small> | Resale No. _____ |
| Mailing Address _____ | Federal Tax ID # _____ |
| Phone No. _____ Fax No. _____ | State Tax ID # _____ |
| Description of Business _____ | State Lic. No. _____ |
| Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Corp-Ltd Liability <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust <input type="checkbox"/> Other _____ | State Lic. Type _____ |
| | Expire Date _____ |
| | Email Address _____ |

Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary - CONFIDENTIAL INFORMATION)

| | | |
|--|-------------------------------|------------------------------|
| 1st Owner Name _____ | Title _____ | Date of Birth _____ |
| Home Address _____ <small>(Cannot be P.O. Box)</small> | | Driver Lic. No. _____ |
| Home Phone No. _____ | Cell / Pager No. _____ | Soc. Sec. No. _____ |
| 2nd Owner Name _____ | Title _____ | Date of Birth _____ |
| Home Address _____ <small>(Cannot be P.O. Box)</small> | | Driver Lic. No. _____ |
| Home Phone No. _____ | Cell / Pager No. _____ | Soc. Sec. No. _____ |

In case of after hours emergency, please contact (attach additional sheet, if necessary)

| | |
|---------------------------|-----------------------------|
| Contact Name _____ | Phone No. _____ |
| Address _____ | Cell/Pager No. _____ |

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

| | |
|---------------------------|--------------------------|
| Company Name _____ | License No. _____ |
| Address _____ | Phone No. _____ |

Is the proposal a formula business, which by established or recognized practice, contract or other arrangement or membership affiliation maintains a common business name, standardized service, interior decor, exterior design, or use of a trademark or common logo substantially identical to another business within or outside Calistoga (See Section 17.04.616 for a complete definition)?

CHECK ONE: YES NO

ADMINISTRATIVE REVIEW

- 5.04.190 Unclassified Businesses - Retail Stores / Retail Services _____
- 5.04.200 Home Business _____
- 5.04.210 Contractor _____
- 5.04.220 Transport & Delivery _____
- 5.04.220 Outside Services _____
- 5.04.225 A) Hotel / Motel / Spa / Bar / Restaurants _____
- B & B # of Rooms _____ Zone _____
- B) Apartments _____
- C) Other Rental Dwellings _____
- 5.04.270 Trailer & Mobile Home Parks _____
- 5.04.280 Taxicabs _____
- 5.04.290 Mail Order Goods _____
- 5.04.300 Peddlers or Solicitors _____
- 5.04.320 Auctions / Yard Sale _____
- 5.04.330 Coin Operated Vending Machines _____
- 5.04.340 Amusements _____

FOR OFFICIAL USE ONLY

| | |
|-----------------------------------|----------|
| Business License No. _____ | |
| No. of Employee/Unit Fee | \$ _____ |
| Business License Fee | \$ _____ |
| Penalty Fee | \$ _____ |
| Required State CASp Fee | \$ 1.00 |
| Total Due | \$ _____ |

NOTICE: Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx - The Department of Rehabilitation at www.rehab.cahwnet.gov - The California Commission on Disability Access at www.cdda.ca.gov.

Thank you for doing business in the City of Calistoga

I declare, under penalty of perjury that these statements are true to the best of my knowledge.

Signature of Owner or Representative: _____ Date: _____

RETURN APPLICATION TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO CITY OF CALISTOGA

CITY OF CALISTOGA

| BUSINESS LICENSE TAX | TYPES OF BUSINESSES | FULL YEAR | AFTER JULY 1ST |
|-------------------------|--|---|---|
| 5.04.190 | Unclassified Businesses (Includes Retail Sales/Services/Professional Services 1 - 2 Employees 2 - 5 Employees 6 - 10 Employees 10 plus Employees | \$ 101.46 \$ 184.48 \$ 350.51 \$ 553.44 | \$ 50.73 \$ 92.24 \$175.26 \$276.72 |
| 5.04.200 | Home Business | \$ 30.00 | \$ 15.00 |
| 5.04.210 | Contractor | \$ 83.04 | \$ 41.52 |
| 5.04.220 | Outside Service Flat Fee Transport & Delivery First Vehicle Additional Vehicle | \$ 73.79 \$ 73.79 \$ 27.57 | \$ 36.90 \$ 36.90 \$ 13.84 |
| 5.04.250 | Hotel / Motel / Spa / Bar / Restuarant / Lodging B & B Apartments Apt. #1 Additional Apartments > 1 Other Rental Dwellings #1 of 3 #2 + of 3 #1 of over 4 #2 of over 4 | Same as Unclassified \$ 62.57 per room \$ 46.12 \$ 12.30 \$ 29.84 \$ 8.44 \$ 53.71 \$ 12.39 | See 5.04.190 \$ 23.06 \$ 6.15 \$ 14.92 \$ 4.22 \$ 26.86 \$ 6.20 |
| 5.04.270 | Trailer & Mobile Home Parks Trailer #1 Additional Trailer | \$ 46.12 \$ 12.30 | \$ 23.06 \$ 6.15 |
| 5.04.280 | Taxicabs Taxi #1 Taxi #2 | \$ 55.34 \$ 36.90 | \$ 27.67 \$ 18.45 |
| 5.04.290 | Mail Order Goods | \$ 92.24 | \$ 46.12 |
| 5.04.300 | Peddlers or Solicitors Maximum | \$ 12.30 per day \$122.99 per year | \$61.49 |
| 5.04.320 | Auctions / Yard Sale Maximum | \$ 18.45 per event \$153.73 per year | \$76.87 |
| 5.04.330 | Coin Operated Vending | \$ 12.30 per machine | |
| 5.04.340 | Amusements Carnival Circus Dance Games Open Air Shows | \$ 0.00 day 1 & 2 \$ 92.24 day 3 + \$184.48 per show \$ 92.24 per show \$ 30.75 per show \$130.00 per show | |