



4381 Broadway, Suite 201, American Canyon, CA 94503  
 Attn: Business License Coordinator  
 Telephone (707) 647-4354 • Fax (707) 638-0468  
 www.cityofamericancanyon.org

**Please Check All That Apply**

Manufacturing  
 Retail  
 Wholesale  
 Professional Services  
 Other \_\_\_\_\_

**BUSINESS LICENSE APPLICATION**

**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** \_\_\_\_\_ **Mobile Phone** \_\_\_\_\_

**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** \_\_\_\_\_

**CA Sellers Permit** (if applicable) \_\_\_\_\_

**FEIN** \_\_\_\_\_

**CA EIN** (if applicable) \_\_\_\_\_

**Napa County Health Permit #** \_\_\_\_\_  
(If food or alcohol sales are involved)

**Expiration Date** \_\_\_\_\_

**Website:** \_\_\_\_\_

**All applications are required to have a FEIN/ITIN or SSN**

Enter below names of Owners, Partners, Corporate Officers, Manager or Representative – *This name/names will print on license certificate*

**1st Owner Name** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

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

SSN/ITIN \_\_\_\_\_

**Home Phone No.** \_\_\_\_\_ **Cell Phone No.** \_\_\_\_\_

**2nd Owner Name** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

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

SSN/ITIN \_\_\_\_\_

**Home Phone No.** \_\_\_\_\_ **Cell Phone No.** \_\_\_\_\_

**AGENT FOR SERVICE OF PROCESS** – *This name will not appear on the license certificate*

**Name** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**Address** \_\_\_\_\_

**EMERGENCY CONTACT**

**Contact Name** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

**STATE LICENSES**

If the business is licensed by a state entity please provide the license number and classification

**State Lic. No.** \_\_\_\_\_ **License Classification(s)** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

CONTRACTORS STATE LICENSE BOARD  COSMETOLOGY  DEPT OF CONSUMER AFFAIRS  OTHER – SPECIFY \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING:**

Est. Annual Gross Receipts \$ \_\_\_\_\_ Class Table \_\_\_\_\_ \$ \_\_\_\_\_

Flat Fee Type(s): \_\_\_\_\_ \$ \_\_\_\_\_

Application Fee \$25 plus \$4 State Mandated CASp Fee (Non-Refundable) \$ \_\_\_\_\_ 29.00

*Payment can be made with VISA or MasterCard in Office*

**TOTAL AMOUNT DUE** \$ \_\_\_\_\_

**PLEASE MAKE CHECK PAYABLE TO CITY OF AMERICAN CANYON**

**Thank you for doing business in the City of American Canyon**

**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. #** \_\_\_\_\_

Existing Business Change of Ownership  
 Existing Business Change of Address

Exempt  Tax Exempt  District Only

**Payment:**  
 Cash  Ck No \_\_\_\_\_  CC Last 4 \_\_\_\_\_

**Date Fees Paid** \_\_\_\_\_

**Receipt No.** \_\_\_\_\_

2/2019 - LAG

I certify that the information submitted above is complete and accurate.

\_\_\_\_\_  
 Signature of Owner or Representative

\_\_\_\_\_  
 Date

# 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

***Initial Applicants are required to estimate their Gross Receipts. Renewals will be calculated on actual prior year Gross Receipts information.***

For businesses not listed above, please call the  
 Business License Coordinator at (707) 647-4354

#### NON REFUNDABLE FEES

**BUSINESS LICENSE APPLICATION FEE \$25.00**

**HOME OCCUPATION PERMIT FEE (All Applications of a residential address in American Canyon) \$61.00**

**ZONING CLEARANCE FEE (Applicants of Commercial/Industrial Locations in American Canyon Only) \$61.00**

**CASp Fee (STATE MANDATED) \$4.00**

Your business may be subject to additional permit requirements/fees

## Thank you for doing business in the City of American Canyon

# HOME OCCUPATION PERMIT APPLICATION

(\$61 Fee)



## Applicant's Information (Please type or print)

Applicant's name: \_\_\_\_\_

Home business address: \_\_\_\_\_

Name of business: \_\_\_\_\_

Best contact phone number: \_\_\_\_\_

If the applicant is not the property owner please complete this section

Property owner name: \_\_\_\_\_ Property owner contact phone: \_\_\_\_\_

Authorization: Signature of property owner or manager \_\_\_\_\_

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.

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



### 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?			