



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

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ZONING CLEARANCE FORM (\$61.00 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 in detail onsite 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 building alterations? Yes No

If yes, explain _____

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 there be outside storage of goods or materials? *If yes explain* _____

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: _____