

CITY OF ROHNERT PARK -APPLICATION FOR BUSINESS LICENSE TAX

130 Avram Av. Rohnert Park, CA 94928 - Phone (707) 585-6725 - Fax (707) 794-9248

Business Name:		Date business commenced in Rohnert Park:	
Business Address: (Do Not use P.O. Box) _____  _____ City, State Zip			
Business Mailing Address:  _____  _____ City, State Zip			
Business Phone: ( )		Business Fax: ( )	
Email Address:			
Description of Business (Please be specific):			
Business Standard Industrial Classification (SIC) Code:			
Business Owners Name(s):			
Home Address:  _____  _____ City, State Zip			
Home Phone: ( )		Home Fax: ( )	
State requirement to have one of the following numbers:		Ownership Type (Mark One)	
Social Security # _____		Single Proprietor <input type="checkbox"/>	
Federal Employee Id # _____		Partnership <input type="checkbox"/>	
State Id # _____		Limited Partnership <input type="checkbox"/>	
State Contractors License # _____		Corporation <input type="checkbox"/>	
A <input type="checkbox"/>		B <input type="checkbox"/>	
C <input type="checkbox"/>			
CLASSIFICATION OF BUSINESS (circle one)			
Service	Contractor	Special Event	Short Term Rentals (Residential)
Retail	Taxi	Utility	Coin Operated Machines
Wholesale	Seasonal Vendor	Rental (Single Family)	Theaters, Astrologers
Manufacturing	Auctioneers	Rental (Hotel, Apt.,etc.)	Liquidators
Professional	Solicitor	Rental (Duplex,4-Plex,)	Kennel
Has there been or will there be any tenant improvements associated with the proposed business? If so, explain:			
What was the prior business in the space you plan to occupy? If unknown, please indicate.			
Does your business require permits from other agencies? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does your business store or use hazardous materials or generate hazardous waste? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Out of what type of space does your business operate? <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Not Applicable			
If residential was marked, do you see clients as part of your business? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Number of Employees:		Does the building have fire sprinklers? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If Apartments, # of units:		If Restaurant, seating capacity:	
Emergency Contact (after hours) Name & phone:			
<i>All businesses with employees must have valid current worker’s compensation insurance or a certificate of self-insurance. I certify that in the performance of work for which this certificate is issued, I shall not employ any person without having a certificate of self-insurance or valid worker’s compensation insurance._____ Please initial.</i>			
<i>I understand as a condition of approval for a business license in the City of Rohnert Park, I must obtain Fire, Building and Planning clearance prior to the commencement of business in the City. To the best of my knowledge all information is true and correct. PAYMENT OF TAXES AND FEES DOES NOT CONSTITUTE CITY APPROVAL. _____ Please initial.</i>			
_____		_____	
Signature		Date	

CLASSIFICATION FEES	\$ _____
BUSINESS LICENSE RESEARCH FEE (commercial RP locations: \$100.00 non-refundable)	\$ _____
FIRE-INSPECTION FEE (commercial RP locations: \$130.80 non-refundable)	\$ _____
BUILDING INSPECTION FEE (commercial RP locations: \$89.00 non-refundable)	\$ _____
HOME OCCUPATION PERMIT FEE (residential RP businesses: \$100.00 non-refundable)	\$ _____
CA DISABILITY ACCESS FEE (\$4.00 non-refundable: REQUIRED for all businesses)	\$ _ 4.00_____
TOTAL PAID	\$ _____

- Failure to pay license when due:
- Delinquent/Penalty-25% penalty per month added after 1<sup>st</sup> day of each month following due date to a maximum of 50% then 7% simple annual interest on unpaid balance added thereafter.
- License will remain active until written request for cancellation is received by Licensing Department.