

**CITY OF ROHNERT PARK -APPLICATION FOR BUSINESS LICENSE**

P.O. Box 1489 6800 Hunter Drive #B Rohnert Park, CA 94927-1489 Phone(707) 585-6725 Fax(707) 585-6705

Business Name: _____		Date business commenced in Rohnert Park: _____	
Business Address: (Do Not use P.O. Box) _____  <div style="display: flex; justify-content: space-between;"> <span>_____ City, _____ State _____ Zip</span> </div>			
Business Mailing Address:  <div style="display: flex; justify-content: space-between;"> <span>_____ City, _____ State _____ Zip</span> </div>			
Business Phone: (____) _____		Business Fax: (____) _____	
Description of Business: _____			
Business Owners Name(s): _____			
Home Address:  <div style="display: flex; justify-content: space-between;"> <span>_____ City, _____ State _____ Zip</span> </div>			
Home Phone: (____) _____		Home Fax: (____) _____	
<b>State requirement to have one of the following numbers:</b>		Ownership Type (Mark One)	
Social Security # _____	Resale # _____	Single Proprietor	
Federal Employee Id # _____	A B C	Partnership	
State Id # _____		Limited Partnership	
State Contractors License # _____		Corporation	
<b>CLASSIFICATION OF BUSINESS (circle one)</b>			
Service	Contractor	Special Event	Theaters, Auctioneers, Liquidator, Astrologer
Retail	Taxi	Utility	Coin Operated Machines
Wholesale	Seasonal Vendor	Rental (Single Family)	
Manufacturing	Carnival	Rental (Hotel, Apt., etc.)	
Professional	Solicitor	Rental (Duplex, 4-Plex,)	<b>Home Based Business Yes No</b>
Has there been or will there be any tenant improvements done to the property associated with the proposed business? If so, explain: _____			
What was the prior business in the space you plan to occupy? _____			
Does your business require permits from other agencies? Yes No			
Does your business store or use hazardous materials or generate hazardous waste? Yes No			
Out of what type of space does your business operate? Residential Commercial Not Applicable			
If residential was marked, do you see clients as part of your business? Yes No			
Number of Employees: _____		Does the building have fire sprinklers? Yes No N/A	
If Apartments, # of units: _____		If Restaurant, seating capacity: _____	
Emergency Contact (after hours) Name & phone: _____			
<p><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></p> <p><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. _____ Please initial.</i></p> <p><i>To the best of my knowledge all information is true and correct.</i></p>			
_____ Signature		_____ Date	

**CURRENT FEES DUE:**

**CLASSIFICATION FEES DUE** \$ \_\_\_\_\_

**FIRE-INSPECTION FEE DUE (\$120.00)** \$ \_\_\_\_\_

**BUILDING INSPECTION FEE DUE (\$40.00)** \$ \_\_\_\_\_

**TOTAL PAID** \$ \_\_\_\_\_ **CASH \$** \_\_\_\_\_

**CHECK #** \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

**APPLICATION REVIEW AND INSPECTION**

Business License Dept. 585-6725 6800 Hunter Dr., Suite B Planning Building Fire Sent On	Date:	Comments:
Planning Dept. 588-2236 6750 Commerce Bl. Use Permit Approved Not Approved	Date:	Comments:
Building Dept. 588-2239 6750 Commerce Bl Call inspector to schedule your appointment:	Date:	Comments:
Fire Dept. 584-2641 500 City Hall Dr. Inspector will come out No appointment required:	Date:	Comments: