



# Business License Application

City of Grass Valley Business Licenses  
125 E Main Street, Grass Valley, CA 95945  
Phone: (530) -274-4301  
Fax: (530) 274-4399

## TO BE COMPLETED BY CITY OF GRASS VALLEY STAFF:

Business License: \$ \_\_\_\_\_

Fire Tax: \$ \_\_\_\_\_

State ADA Fee: \$ 1.00

**TOTAL:** \$ \_\_\_\_\_

GVPD Signoff: \_\_\_\_\_

Planning/Building Signoff: \_\_\_\_\_

**Please Check One**

- New Business
- Change of Ownership
- Change of Location
- Change of Business Name

BL #: \_\_\_\_\_

Category: \_\_\_\_\_

Date: \_\_\_\_\_

Rec'd By: \_\_\_\_\_ Credit Card: \_\_\_\_\_

Cash: \_\_\_\_\_ Fict. Name: \_\_\_\_\_

Check #: \_\_\_\_\_ IPPS: \_\_\_\_\_

A Business License is required for any person(s) conducting or soliciting business inside the City Limits per the City of Grass Valley Municipal Code 5.04.060. Business Licenses expire on December 31<sup>st</sup> each year and must be renewed annually.

**Before applying for a Business License, please make sure that you have read the instruction sheet and have the appropriate approvals and documents prior to submitting this application.**

### PART A: TO BE COMPLETED BY ALL APPLICANTS

Business Name: \_\_\_\_\_ Date Business to Commence: \_\_\_\_\_

Description of Business: \_\_\_\_\_

Is this a home occupation?  Yes  No Is this a mobile business?  Yes  No

Average number of employees associated with the business: \_\_\_\_\_  
(*Employees' means all persons (including the owner) engaged in the operation or conduct of the business 18 or more hours per week*)

Business Location: \_\_\_\_\_ State Resale #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Federal ID or SSN #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

\_\_\_\_\_ Business Phone #: \_\_\_\_\_

Owner(s) Name: \_\_\_\_\_ Owner Phone #: \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_

Ownership Type (please select one):  Sole Proprietor  Corporation  LLC  Partnership (if partnership, complete Part B below)

### PART B: PARTNERSHIPS

Please complete for each partner for the business listed above. Attach additional sheets if needed.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

SSN #: \_\_\_\_\_

SSN #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

### PART C: FIRE TAX RATES:

Applies only to business located inside the City limits. Fire tax is not required for home occupation/residential and outside City limit businesses

1. \$44.44 per business location for businesses starting January 1<sup>st</sup> – June 30<sup>th</sup>.
2. \$22.22 per business location for business starting July 1<sup>st</sup> – December 31<sup>st</sup>.
3. If a location is shared with another business and they share a common space, only one fire tax is due.
  - a. Please indicate who will pay the Fire Tax: \_\_\_\_\_

**PART D: INDEPENDENT CONTRACTORS**

- State of California Massage or Cosmetology License #: \_\_\_\_\_ (if applicable).

**PART E: CONTRACTORS**

- State Contractors License #: \_\_\_\_\_ License Type (specify): \_\_\_\_\_
- Located Inside City Limits - Please refer to table below
- Located Outside City Limits \$120.00 for current year
- Or, pay \$25.00 each time a Building Permit is issued

**PART F: OPERATORS/LESSORS OF REAL ESTATE RENTAL PROPERTY**

- Operator with 3 or more residential units: # of residential units: \_\_\_\_\_ x \$6.40 per unit = \_\_\_\_\_
- Operators of commercial building space: sq. footage: \_\_\_\_\_ x \$0.0064 per sq. ft. = \_\_\_\_\_

**PART G: REGULAR BUSINESS LICENSE Tax Rates:**

1. Regular License (Annual gross receipts greater than \$10,000.00). Prorated Business License Fees are based on the number of months remaining in the year at the date of application (\$30.00 minimum). "Employee" means all persons engaged in the operation or conduct of any business, whether as owner, any member of the owner's family, partner, agent, manager, or solicitor and also any and all other persons employed or working in the business eighteen hours or more per week.

| Number of Employees | 1-5   | 6-10   | 11-15  | 16-20  | 21-25  | 26-30  | 31+ employees            |
|---------------------|-------|--------|--------|--------|--------|--------|--------------------------|
| January             | 63.00 | 126.00 | 189.00 | 252.00 | 315.00 | 378.00 | 12.60 x no. of employees |
| February            | 57.75 | 115.50 | 173.25 | 231.00 | 288.75 | 346.50 | 11.55 x no. of employees |
| March               | 52.50 | 105.00 | 157.50 | 210.00 | 262.50 | 315.00 | 10.50 x no. of employees |
| April               | 47.25 | 94.50  | 141.75 | 189.00 | 236.25 | 283.50 | 9.45 x no. of employees  |
| May                 | 42.00 | 84.00  | 126.00 | 168.00 | 210.00 | 252.00 | 8.40 x no. of employees  |
| June                | 36.75 | 73.50  | 110.25 | 147.00 | 183.75 | 220.50 | 7.35 x no. of employees  |
| July                | 31.50 | 63.00  | 94.50  | 126.00 | 157.50 | 189.00 | 6.30 x no. of employees  |
| August              | 30.00 | 52.50  | 78.75  | 105.00 | 131.25 | 157.50 | 5.25 x no. of employees  |
| September           | 30.00 | 42.00  | 63.00  | 84.00  | 105.00 | 126.00 | 4.20 x no. of employees  |
| October             | 30.00 | 31.50  | 47.25  | 63.00  | 78.75  | 94.50  | 3.15 x no. of employees  |
| November            | 30.00 | 30.00  | 31.50  | 42.00  | 52.50  | 63.00  | 2.10 x no. of employees  |
| December            | 30.00 | 30.00  | 30.00  | 30.00  | 30.00  | 31.50  | 1.05 x no. of employees  |

**PART E: SPECIAL LICENSE** (Annual gross receipts of less than \$10,000.00): \$25.00.

**\*\*STATE ADA FEE:** Per SB-1186 Disability Access, an additional State fee of \$1.00 per Business License is required.\*\*

**AFFIDAVIT:** All City of Grass Valley businesses and property owners with encroachments in/over the City right of way (including balconies, awnings, signs overhanging the sidewalk; news/magazine racks; planters and/or other decorative items on the City sidewalk), are required to annually renew their long-term Encroachment Permit (Municipal code 12.48.160).

If you have any encroachments in the City right of way, by signing this business license application you are agreeing to provide to the City evidence of general liability insurance in an amount not less than \$1,000,000 with an endorsement naming the City of Grass Valley as additional insured for your business or property. Your business license and evidence of insurance will constitute your permission to encroach.

**I hereby declare under penalty of perjury, that the reported information is true and correct to the best of my knowledge.**

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_