



New Business License Application

Remit To:

City of Calistoga
 c/o Avenu Insights & Analytics
 373 East Shaw Ave Box 367
 Fresno, CA 93710

THIS BOX IS FOR CITY USE ONLY.

- Approved Not Approved Not Required
- Received by: _____
- Amount Collected: \$ _____
- Cash Check Credit Card

Toll Free Support: (866) 240-3665**Fax:** (855) 219-4338 **Email:** muniblsupport@avenuinsights.com

NOTIFICATION: AREAS SHADED IN GRAY SHALL BE CONSIDERED PUBLIC INFORMATION PER THE CALIFORNIA PUBLIC RECORDS ACT AND CA. BUS. & PROF. CODE § 16000.1. If Applicant's business mailing address is a residential address, that address will be subject to public disclosure unless Applicant provides a different address (e.g. PO Box) where the Applicant consents to receive service of process.

TYPE OF APPLICATION**Select One:**

- New License Application Change of Physical Address Name Change (No Change in FEIN)
License Year: 20 Change of Ownership Name Change (With FEIN Change)
 Reopening of Closed Account

Select One:

- Business is physically located in city limits of Calistoga and/or has commercial space in city limits. Business is physically located outside city limits of Calistoga

BUSINESS INFORMATION – Application must be completed in full.**Legal Business Name:** _____ **DBA/Trade Name:** _____**Home-Based Business?** Yes No **Federal ID #:** _____ **Begin Date of Business in City:** _____**Business Phone:** _____ **Alternate Phone:** _____ **Fax:** _____**Business Physical Location:** _____
(Street-No PO Box) (City) (State) (Zip)

_____ Initial here if the business physical location or job site address provided above IS NOT a residential address.

_____ Initial here if the business physical location or job site address provided above IS A RESIDENTIAL ADDRESS.

Business Mailing Address: _____
(Address or PO Box) (City) (State) (Zip)**Ownership:** Sole Proprietorship General Partnership Corporation LLC LLP Trust Other _____**Please describe your business activity in detail:** _____**Business website:** _____ **State Tax ID #:** _____ **State Resale #:** _____ **SIC Code** _____**Are you a Contractor?** Yes No **California State License #:** _____ **Expiration Date:** _____
(Required if applicable.) (Required if applicable.)**State License # (non-Contractor):** _____ **State License Type:** _____ **Expiration Date:** _____**NPDES Permit Program*** – If you are enrolled in the NPDES permit program, provide any of the following, as issued by the State Water Resource Control Board:

A. Waste Discharge ID No.: _____ B. Waste Discharge Application No.: _____

C. Notice of Nonapplicability No. (NONA): _____ D. No Exposure Certification No. (NEC): _____

OWNER/OFFICER INFORMATION – Use separate sheet of paper with additional owner/officer information if necessary.**Name:** _____ **SSN:** _____
(First Name) (Middle Initial) (Last Name) (Required.)**Home Address:** _____
(Street-No PO Box) (City) (State) (Zip)**Cell Phone:** _____ **Other Phone:** _____ **Birthdate:** _____ **Driver License State #:** _____**Email Address:** _____ **Fax #:** _____ **Title:** _____**PRIMARY CONTACT (Business License Related Questions and/or Emergency Contact)****Name:** _____ **Title:** _____ **Phone:** _____
(First Name) (Middle Initial) (Last Name)**Address:** _____ **Cell Phone:** _____
(Street-No PO Box) (City) (State) (Zip)



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CALCULATE LICENSE AMOUNT DUE - Required for all applicants.*

Step 1: Select the schedule code and business category description from the reverse side of this application that best describes your business. Enter the schedule code and description below, and use the calculation information provide to calculate the amount of license fee due.

Column A	Column B	Column C	Column D	Column E	Column F
Schedule Code (See reverse)	Classification/Business Description (Required. See reverse.)	Employee Count (Required, if applicable)	Unit Count (Required if applicable) Examples: # of days # of machines # of vehicles # of rentals	Flat Fee Amount (If applicable)	Calculated License Fee Due
				\$	\$
				\$	\$
				\$	\$

Step 2: License fee due (sum of column F above): \$ _____

Step 3: Add Processing Fee (required): \$ **12.36**

Step 4: Add CA Senate Fee SB-1186 (required): \$ **4.00**

Step 5: Total Amount Due* (sum of steps 2, 3 and 4): \$ _____

Make check payable to: Tax Trust Account

FORMULA ACKNOWLEDGEMENT

Is the proposal a formula business, restaurant or visitor accommodation which by established or recognized practice, contract or other arrangement or membership affiliation maintains a common business name, standardized service, interior décor, exterior design, or use of a trademark or common logo substantially identical to another business, restaurant or visitor accommodation within or outside Calistoga? (See Sections 17.04.132, 17.04.616 and 17.04.639 for the applicable definition.) **Check one:** Yes No

SWORN STATEMENT – Signature Required by All Applicants

I acknowledge that the City of Calistoga's issuance of a Business License and payment of Business License Tax does not entitle me/authorized representative to conduct any business in the City that is in violation of any applicable laws. I further acknowledge that the City of Calistoga's issuance of a Business License does not waive the City of Calistoga's right in any way to enforce compliance with applicable laws against me/authorized representative. I hereby certify, under penalty of perjury, that the information in this application is true, correct, and complete to the best of my knowledge and belief. I agree to comply with all applicable laws and ordinances regulating the operation of this business. I acknowledge that whatever address has been provided by me for the purpose of legal service of process will be subject to public disclosure.

***All new business, change of ownership, change of location and change of name applications must be approved by the City of Calistoga** prior to a license being issued. Your application will be submitted to the City for review. Once approval has been received and all other criteria requirements have been met, Avenu Insights & Analytics will be authorized to release your license. Official issuance of an authorized license could take up to 30 days for processing and review if all other requirements are met for issuance.

Signature of Business Owner/Authorized Representative _____ Printed Name _____ Date _____

CA Senate Fee: On September 19, 2012, Governor Brown signed Senate Bill 1186 (SB 1186) into law. SB 1186 is intended to increase disability access, encourage compliance with construction-related accessibility requirements, develop education resources for businesses, and facilitate compliance with Federal and State disability laws. From January 1, 2013, and until December 31, 2017, cities and counties were required to collect a State mandated fee of \$1.00 from "any applicant for a local business license or equivalent instrument or permit, and from any applicant for the renewal of a business license or equivalent instrument or permit." Assembly Bill 1379 was passed on October 11, 2017 which extends the assessment of the fee indefinitely and also the State mandated fee from \$1.00 to \$4.00 from January 1, 2018 until December 31, 2023. The City is required by law to inform you of the following: Under Federal and State law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: The Division of the State Architect at: <http://www.dgs.ca.gov/dsa/>; The Department of Rehabilitation at: <https://www.dor.ca.gov/>; The California Commission on Disability Access at: <http://www.cdda.ca.gov>. You may also visit <http://www.ci.calistoga.ca.us/businesses/state-casp-fee>.

CALIFORNIA PUBLIC RECORDS ACT INFORMATION: <http://www.boe.ca.gov/info/publicrecords.htm>
CALIFORNIA AB 2184: https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180AB2184

California SB205: On October 2, 2019, Governor Newsom signed Senate Bill 205 (SB205) into law. SB205 intends for businesses to demonstrate enrollment with the National Pollutant Discharge Elimination System (NPDES) permit program. You may obtain information about your legal obligations and how to comply with environmental laws at the following agencies: California Water Board: https://www.waterboards.ca.gov/water_issues/programs/npdes/; United States Environmental Protection Agency: <https://www.epa.gov/npdes>.

SIC codes can be found at: <https://www.naics.com/search/>.

Returned Check Disclaimer: When you make a payment by check, you authorize us to use information from your check to make a one-time electronic fund transfer from your checking account according to the terms of your check or to process that transaction as a check. When we use your check to make an electronic fund transfer, funds may be withdrawn from your checking account the same day we receive your payment, and you will not receive your check back from your financial institution. If there are insufficient funds in your checking account, you authorize us to charge a Returned Payment Fee as applicable in the amount set forth by law and collect that amount through an electronic fund transfer from your checking account, if permitted by applicable law. If another payment method is returned unpaid, by your bank, we may, if permitted by applicable law, charge a Returned Payment Fee.