



# New Business License Application

## Remit To:

City of Calistoga  
c/o MuniServices, LLC  
438 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:** [bizlicensesupport@muniservices.com](mailto:bizlicensesupport@muniservices.com)

Internal Jur Code: 9931

### 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:** \_\_\_\_\_  
(Required if applicable.)

**Business Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Business Physical Location:** \_\_\_\_\_  
(Street-No PO Box) (City) (State) (Zip)

**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 #:** \_\_\_\_\_

**Are you a Contractor?**  Yes  No **California State License #:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_  
(Required if applicable.) (Required if applicable.)

**State License # (if non-Contractor):** \_\_\_\_\_ **State License Type:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

### 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:** \_\_\_\_\_

**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)

### ALARM COMPANY INFORMATION

**Company Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **City License #:** \_\_\_\_\_



# City of Calistoga New Business License Application

## CALCULATE LICENSE AMOUNT DUE - Required for all applicants.\*

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

**Step 1:** Select the schedule code and business category description from the City of Calistoga Fee Schedule 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
<b>Schedule Code</b> (See reverse)	<b>Classification/Business Description</b> (Required. See reverse.)	<b>Employee Count</b> (Required, if applicable)	<b>Unit Count</b> (Required if applicable)  Examples: # of days # of machines # of vehicles # of rentals	<b>Flat Fee Amount</b> (If applicable)	<b>Calculated License Fee Due</b>
				\$	\$
				\$	\$
				\$	\$

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

**Step 3:** Add Processing Fee (required): \$ **12.00**

**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**  
Internal Jur Code: 9931

### 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.

Signature of Business Owner/Authorized Representative \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**\*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, MuniServices will be authorized to release your license.

**CASp State Mandated Disability Access/ Education 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/Home.aspx>; The Department of Rehabilitation at: <http://www.rehab.cahwnet.gov/>; The California Commission on Disability Access at: <http://www.cdda.ca.gov>.

**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.

# City of Calistoga, CA

## New Business License Application Fee Schedule

Questions? Contact Support toll free at (866) 240-3665 or [bizlicensesupport@muniservices.com](mailto:bizlicensesupport@muniservices.com)

- Rates provided below are for NEW businesses and CHANGE OF LOCATION applications.
- No license shall be transferable to another person.
- For the protection of the public, various types of business operations are regulated through the City of Calistoga Police, Fire, Building, Planning, Public Works Departments or the Napa County Environmental Health Division. Your business may or may not be so regulated.
- A separate license must be obtained for each and every branch establishment or separate place of business within the City at which a business is carried on.
- Employee Count – for definition per Calistoga Municipal Code 5.04.010, visit: <http://www.codepublishing.com/CA/Calistoga/>.
- To review the City of Calistoga’s Municipal Code for Business Licenses, visit <http://www.codepublishing.com/CA/Calistoga/>.

Schedule Code #	Description/Additional Information	New Application Submitted January 1 – June 30	New Application Submitted July 1 – December 31
1.00	Ambulance Service	See below, Employee Count Rate Table	See below, Employee Count Rate Table
2.00	Amusement-Carnival	Day 1 & 2 No charge Each Additional Day \$92.24	Day 1 & 2 No charge Each Additional Day \$92.24
2.01	Amusement-Circus	\$184.48 per show	\$184.48 per show
2.02	Amusement-Dance	\$92.24 per show	\$92.24 per show
2.03	Amusement-Games	\$30.75 per show	\$30.75 per show
2.04	Amusement-Open Air Shows	\$130.00 per show	\$130.00 per show
3.00	Animal Care Services	See below, Employee Count Rate Table	See below, Employee Count Rate Table
4.00	Antiques, Secondhand Goods, Thrift Store, Consignment Shop, Souvenir Shop	See below, Employee Count Rate Table	See below, Employee Count Rate Table
5.00	Apartments	First Apartment \$46.12 Each Additional Apartment \$12.30	First Apartment \$23.06 Each Additional Apartment \$ 6.15
6.00	Art Dealer, Gallery, Sale of Art	See below, Employee Count Rate Table	See below, Employee Count Rate Table
7.00	Auctions, Flea Markets, Yard Sales	\$18.45 per event \$153.73 per year	\$18.45 per event \$76.87 for remaining year
8.00	Automotive Repair, Automotive Parts, Towing	See below, Employee Count Rate Table	See below, Employee Count Rate Table
9.00	Bar, Tasting Room	See below, Employee Count Rate Table	See below, Employee Count Rate Table
11.00	Barbershop, Beauty Salon, Nails, Personal Services (Massage, see below)	See below, Employee Count Rate Table	See below, Employee Count Rate Table
12.00	Bed & Breakfast	\$62.57 per room	\$62.57 per room
13.00	Coin Operated Vending or Pay Devices	\$12.30 per machine	\$12.30 per machine
14.00	Contractor – General or Electrical with CA Board License	\$83.04 flat fee	\$41.52 flat fee
14.01	Contractor without CA Board License	See below, Employee Count Rate Table	See below, Employee Count Rate Table
14.02	Contractor – Specialty with CA Board License	\$83.04 flat fee	\$41.52 flat fee
15.00	Firearm & Ammunition Sales (Authorized for Retail Sales of Firearms)	See below, Employee Count Rate Table	See below, Employee Count Rate Table
16.00	Gardener, Landscaper	See below, Employee Count Rate Table	See below, Employee Count Rate Table
17.00	Gasoline Station	See below, Employee Count Rate Table	See below, Employee Count Rate Table
18.00	Health Club, Mud Baths, Spa	See below, Employee Count Rate Table	See below, Employee Count Rate Table
19.00	Home Business Requires pre-approval from Planning Department	\$30.00 flat fee	\$15.00 flat fee

<b>Schedule Code #</b>	<b>Description/Additional Information</b>	<b>New Application Submitted January 1 – June 30</b>	<b>New Application Submitted July 1 – December 31</b>
20.00	Hospitals, Retirement Homes, Assisted Living (Not deemed exempt)	See below, Employee Count Rate Table	See below, Employee Count Rate Table
21.00	Lodging, Inn, Hotel, Motel, Resort	See below, Employee Count Rate Table	See below, Employee Count Rate Table
22.00	Mail Order Goods	\$92.24 flat fee	\$46.12 flat fee
23.00	Manufacturers, Wholesalers	See below, Employee Count Rate Table	See below, Employee Count Rate Table
24.00	Massage Therapy	See below, Employee Count Rate Table	See below, Employee Count Rate Table
25.00	Medical/Dental Clinic	See below, Employee Count Rate Table	See below, Employee Count Rate Table
26.00	Newspaper or Publications (Fixed place in City)	See below, Employee Count Rate Table	See below, Employee Count Rate Table
27.00	Outside Service	\$73.79 flat fee	\$36.90 flat fee
28.00	Passenger Transportation Services, Vehicles for Hire Requires pre-approval from City Council (Taxicabs, see below.)	See below, Employee Count Rate Table	See below, Employee Count Rate Table
29.00	Peddlers or Solicitors Requires pre-approval from Police Department	\$12.30 per day \$122.99 per year	\$12.30 per day \$61.49 for remaining year
30.00	Professional Services	See below, Employee Count Rate Table	See below, Employee Count Rate Table
5.01	Real Estate, Property Management	See below, Employee Count Rate Table	See below, Employee Count Rate Table
5.02	Rental Dwellings 3 Units or Less	3 Units or Less First Unit \$29.84 Units 2 and 3 \$ 8.44 /EA	3 Units or Less First Unit \$14.92 Units 2 and 3 \$ 4.22 /EA
5.03	Rental Dwellings 4 Units or More	4 Units or More First Unit \$53.71 Each Additional Unit \$12.39	4 Units or More First Unit \$26.86 Each Additional Unit \$ 6.20
31.00	Restaurant, Café, Bakery, Eating Place	See below, Employee Count Rate Table	See below, Employee Count Rate Table
32.00	Retail Sales	See below, Employee Count Rate Table	See below, Employee Count Rate Table
33.00	Retail Service	See below, Employee Count Rate Table	See below, Employee Count Rate Table
28.01	Taxicabs Requires pre-approval from City Council	First Taxi \$55.34 Each Additional Taxi \$36.90	First Taxi \$27.67 Each Additional Taxi \$18.45
5.04	Trailer & Mobile Home Park	First Trailer \$46.12 Each Additional Trailer \$12.30	First Trailer \$23.06 Each Additional Trailer \$ 6.15
34.00	Transport & Delivery	First Vehicle \$73.79 Each Additional Vehicle \$27.57	First Vehicle \$36.90 Each Additional Vehicle \$13.84
35.00	Unclassified Businesses	See below, Employee Count Rate Table	See below, Employee Count Rate Table
36.00	Utilities-Bus Company, Telegraph, Telephone, Gas or Electric (Not already paying franchise tax)	See below, Employee Count Rate Table	See below, Employee Count Rate Table
37.00	Veterinarian	See below, Employee Count Rate Table	See below, Employee Count Rate Table
38.00	Warehouse, Storage Facility, Wine Storage	See below, Employee Count Rate Table	See below, Employee Count Rate Table
39.00	Wine Shop	See below, Employee Count Rate Table	See below, Employee Count Rate Table

### Employee Count Rate Table

<b>New Application Submitted January 1 – June 30</b>				<b>New Application Submitted July 1 – December 31</b>			
1-2	Employees	\$101.46		1-2	Employees	\$ 50.73	
3-5	Employees	\$184.48		3-5	Employees	\$ 92.24	
6-10	Employees	\$350.51		6-10	Employees	\$175.26	
11+	Employees	\$553.44		11+	Employees	\$276.72	