

City of Firebaugh Application for Municipal Business License



Business Name: _____
 Business Address: _____ City: _____ Zip: _____
 Business Telephone: _____ Business Description: _____

Business Owner's Name: _____ Home Phone: _____
 Home Address: _____ City: _____ Zip: _____

- a. If gross receipts (as defined by subdivision f of subsection 4-2.1) are between \$1.00 and \$50,000.00 during the fiscal year (as described in section 4-1), the business license tax for that fiscal year shall be **\$50.00**.
- b. If gross receipts (as defined by subdivision f of subsection 4-2.1) are between \$50,000.01 and \$100,000.00 during the fiscal year (as described in section 4-1), the business license tax for that fiscal year shall be **\$100.00**.
- c. If gross receipts (as defined by subdivision f of subsection 4-2.1) are greater than \$100,000.00 during the fiscal year (as described tax in for section th.at 4-1), the business license tax for that fiscal year shall be **\$200.00**.

Table 1

Gross Receipts	Tax Fee
\$1.00 - \$50,000.00	\$50.00
\$50,000.01 - \$100,000.00	\$100.00
Greater Than \$100,000.00	\$200.00

- This is an estimate (No work in the City prior year)
- 1. Annual Gross Receipt *MUST REPORT GROSS Verification Included \$ _____
- 2. Gross receipts tax fee from Table 1 \$ _____
- 3. SB 1186 State-mandated disability access compliance fee (SB186) + \$ 4.00
- 4. To pay you're your business tax/fee due, add lines 1 and 2. = \$ _____

**Please submit verification of the gross receipts of your business such as a copy of the income tax return for the business (i.e.: Schedule C, Form 1065, Form 865, Form 1120, Form 1120S-S Corp, Form 8825, Schedule E, profit & loss statement, financial statement, or sales tax returns) from the last completed business tax year. The City does not require a copy of your entire tax return. All documents submitted will not be returned.*

If your business is required to be licensed by a State or County Agency, the City must verify that you possess such a license. Please provide a copy of the certificates listed below, if applicable.

Board of Equalization # _____ Federal Tax ID # _____
 Social Security # _____ Contractors License # _____
 Self-Insured Certificate _____

- CA Sellers Permit
- CA State Health Department Certificate
- CA State Contractors License
- CA State Day Care Provider Certificate
- CA State Private Patrol Operator License
- Bureau of Automotive Repair License
- Liability Insurance Certificate
- Workers Compensation Certificate
- Alcohol Beverage Control License
- Tobacco License

Do you sell alcohol? YES NO
 Do you sell firearms? YES NO Do you sell tobacco? YES NO

For Rental Property License

Number of Rental Units for Rent _____
Estimated Annual Gross Receipts for previous calendar year \$ _____

I understand that my gross receipts are subject to an audit per Municipal Code Section 4-2.12
I certify that the above information is correct to the best of my knowledge.

I declare under penalty of perjury that this is a true, correct, and complete license application.

NOTICE: Issuance of a business license does not allow you to engage in a business whose operation would be in violation of other City Ordinances. Chapter 4-2.3 of the Firebaugh Municipal Code states persons required to pay a license tax for transacting and carrying on any business under this section shall not be relieved from the payment of any license tax for the privilege of doing such business required under any other ordinance of the City, and shall remain subject to the regulatory provisions of other ordinances. You are urged to check with the appropriate City Department and other regulatory agencies for further information about these regulations prior to paying for your licenses.

Signature _____ Title _____ Date _____

THIS IS AN APPLICATION ONLY – “DOING BUSINESS WITHOUT YOUR FINAL BUSINESS LICENSE APPROVAL IS A MISDEMEANOR AND PUNISHABLE BY LAW” PURSUANT TO CITY OF FIREBAUGH MUNICIPAL CODE SEC. 4- 2.25

Utility Clerk: _____	For City Use Only APPROVAL: _____ DENIED: _____
*Please refer to Firebaugh Municipal Code 4-2.14 for information regarding the Appeal of Refusal Procedure	
City Manager: _____	Approved: _____ Date: _____
Police Dept.: _____	Approved: _____ Date: _____
Fire Dept.: _____	Approved: _____ Date: _____
Building Dept.: _____	Approved: _____ Date: _____
Planner: _____	Approved: _____ Date: _____
Code Enforcement: _____	Approved: _____ Date: _____
Public Works: _____	Approved: _____ Date: _____