



Please return completed application to:
 City of Vallejo · Business License Division · 555 Santa Clara Street · Vallejo, CA 94590
 Phone: (707) 648-4310 Fax: (707) 649-5407 www.cityofvallejo.net
 Office Hours: Monday - Friday 8:30 a.m. to 5:15 p.m.
 Vallejo Municipal Code Chapter 5.04

Clear Form

Print Form

BUSINESS LICENSE TAX APPLICATION

It is the business owner's responsibility to notify the business license office immediately if there are any changes to the business entity from the information submitted on this application. Business license tax is paid for the fiscal year July 1 through June 30. All Vallejo business licenses expire on June 30th of each year. It is the business owner's responsibility to renew the business license and pay tax each fiscal year by July 31, whether they receive a renewal form or not. For food and kitchen requirements please contact the Solano County Health Department at (707) 784-6765.

Please Type or Print Clearly

Reason for Application:

New Business Change of Owner Out of Town Business Non-Profit

Ownership (please check one): Sole Proprietorship Partnership Corporation LLC Ltd Ptr.

Vallejo Location Only: Home-Based Occupation Commercial Mobile Business

BUSINESS INFORMATION

Name of Business: _____

Business Address: _____

Mailing Address: _____

Business Phone Number: _____ Start Date in Vallejo: _____

*E-mail Address: _____

Type of Business/Profession: _____

Federal Employer ID Number: _____ State Employer ID Number: _____

Social Security Number: _____ State Contractor's License Number, if applicable: _____

State Board of Equalization Permit Number: _____

Number of Employees of Location in Vallejo: _____

OFFICIAL CITY USE ONLY

APPROVALS	DATE	APPROVED		BY: PRINT NAME
		YES	NO	
BUS LIC CLERK				
APP COMPLETE	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
PLANNING	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
BUILDING	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
FIRE	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
CODE ENF	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
POLICE	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Health Dept: (Please contact the Solano County Health Department at (707) 784-6765 for food and kitchen requirements).

Finance Payment Stamp



BUSINESS LICENSE TAX APPLICATION (CONTINUED)

OWNERS, PARTNERS, OR CORPORATE OFFICERS (attach additional sheets if needed)

(Owner's home address, phone, social security and driver's license numbers are confidential information not available to the public).

Owner Name:	<input style="width: 95%;" type="text"/>	Title:	<input style="width: 95%;" type="text"/>	Home Phone (<input style="width: 20px;" type="text"/>)	<input style="width: 95%;" type="text"/>
				Cell Phone (<input style="width: 20px;" type="text"/>)	<input style="width: 95%;" type="text"/>
Home Address:	<input style="width: 98%;" type="text"/>				
City:	<input style="width: 25%;" type="text"/>	State:	<input style="width: 20%;" type="text"/>	Zip:	<input style="width: 20%;" type="text"/>
Driver's License No.:	<input style="width: 20%;" type="text"/>	Social Security No.:	<input style="width: 30%;" type="text"/>		
			Date of Birth:	<input style="width: 20%;" type="text"/>	

Owner Name:	<input style="width: 95%;" type="text"/>	Title:	<input style="width: 95%;" type="text"/>	Home Phone (<input style="width: 20px;" type="text"/>)	<input style="width: 95%;" type="text"/>
				Cell Phone (<input style="width: 20px;" type="text"/>)	<input style="width: 95%;" type="text"/>
Home Address:	<input style="width: 98%;" type="text"/>				
City:	<input style="width: 25%;" type="text"/>	State:	<input style="width: 20%;" type="text"/>	Zip:	<input style="width: 20%;" type="text"/>
Driver's License No.:	<input style="width: 20%;" type="text"/>	Social Security No.:	<input style="width: 30%;" type="text"/>		
			Date of Birth:	<input style="width: 20%;" type="text"/>	

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name:	<input style="width: 95%;" type="text"/>	Title:	<input style="width: 95%;" type="text"/>	Phone (<input style="width: 20px;" type="text"/>)	<input style="width: 95%;" type="text"/>
				Cell Phone (<input style="width: 20px;" type="text"/>)	<input style="width: 95%;" type="text"/>
Address:	<input style="width: 98%;" type="text"/>				
City:	<input style="width: 25%;" type="text"/>	State:	<input style="width: 20%;" type="text"/>	Zip:	<input style="width: 20%;" type="text"/>
				E-mail:	<input style="width: 95%;" type="text"/>

IF A CONTRACTOR, PROVIDE THE FOLLOWING CONTRACTOR SUPPLEMENTAL INFORMATION

Contractor Name:	<input style="width: 95%;" type="text"/>	General Contractor:	<input type="checkbox"/>	Sub Contractor:	<input type="checkbox"/>
State License Number:	<input style="width: 30%;" type="text"/>	Expiration Date:	<input style="width: 20%;" type="text"/>		
Classes:	<input style="width: 30%;" type="text"/>	Type of Project:	<input style="width: 20%;" type="text"/>		
Address of Project:	<input style="width: 30%;" type="text"/>	List additional sub-contractors on a separate sheet.			

MOBILE VENDORS ONLY - SUPPLEMENTARY INFORMATION

Product or Service Sold	<input style="width: 95%;" type="text"/>	Overnight Address of Vehicle	<input style="width: 98%;" type="text"/>	
Registered Owner of Vehicle	<input style="width: 20%;" type="text"/>	Description of Logo (may attach photo)	<input style="width: 50%;" type="text"/>	
Make of Vehicle	<input style="width: 10%;" type="text"/>	Year	<input style="width: 10%;" type="text"/>	Serial #
Previous License?	<input type="checkbox"/> Yes <input type="checkbox"/> No	City where previous license obtained	<input style="width: 20%;" type="text"/>	Date
Has license/franchise previously been revoked/suspended?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Suspension, if Yes	<input style="width: 20%;" type="text"/>	Year
Please attach list of drivers/vendors; copy of liability insurance; photo of vehicle. <input style="width: 20%;" type="text"/>				
County Food Service License #:	<input style="width: 20%;" type="text"/>	Include a list of business vehicles on a separate sheet.		



BUSINESS LICENSE TAX APPLICATION (CONTINUED)

MOBILE VENDORS ONLY - SUPPLEMENTARY INFORMATION (continued)

Does Your Business Provide a Mobile Service: (please check applicable boxes)

Pet Groomers Power Washing Car Detailing Painters
 Carpet Cleaners Mobile Mechanic Other (please specify) _____

*** Mobile Vendors must contact the City of Vallejo Recycling Division at 707-648-5346 ***

PRODUCTS AND SERVICES SOLD - SUPPLEMENTARY INFORMATION

Do you plan to sell or serve food? (Includes pre-packaged) <input type="checkbox"/> Y <input type="checkbox"/> N	Will you offer massage, tanning, herbal therapy, escort or any other services that improve the health or well being of another person? <input type="checkbox"/> Y <input type="checkbox"/> N
If serving food, how many seats?: _____	Will you engage in fund raising? <input type="checkbox"/> Y <input type="checkbox"/> N
Do you plan to sell or serve alcoholic beverages? <input type="checkbox"/> Y <input type="checkbox"/> N	Will you deal in coins, firearms, jewels or second-hand property? <input type="checkbox"/> Y <input type="checkbox"/> N
ABC License number: _____ Type: _____	
Conditions Included: (If yes, please attach to application) <input type="checkbox"/> Y <input type="checkbox"/> N	
Does your business have amusement machines, video games, vending machines, jukebox and/or pool tables? <input type="checkbox"/> Y <input type="checkbox"/> N	
How many: _____ Type: _____ Owner: _____	
Do you plan to sell tobacco products/paraphernalia? <input type="checkbox"/> Y <input type="checkbox"/> N	
Do you plan to operate a Smoking Lounge? <input type="checkbox"/> Y <input type="checkbox"/> N	
Will you sell, distribute, use, grow, store or transport Marijuana? <input type="checkbox"/> Y <input type="checkbox"/> N	
Will you have <input type="checkbox"/> Music <input type="checkbox"/> Dancing Performers or <input type="checkbox"/> Adult Entertainment?	

BUILDING AND FACILITY INFORMATION

Property Owner's Name: _____
 Business sq. ft.: _____ Warehouse on site? Y N
 Do you: Own or Rent/Lease your business property?

HAZARDOUS MATERIALS AND MEDICAL WASTE

Will you manage or produce bio-hazardous materials or waste? Y N
 Will you use, store, distribute, or transport chemicals (new or waste state)? Y N

BUSINESS OWNER SIGNATURE

I understand that: 1) the taxes are paid annually in advance and are not refundable; 2) I will receive a business license tax certificate, which is a receipt for payment of the business tax and must be posted in my place of business or carried; 3) I must notify this office of any change in location, ownership, business name, basis of tax, and of termination of business; 4) I must pay the tax annually upon expiration of my certificate; 5) The business tax office is not required to issue renewal notices; 6) The issuance of a Business License does not constitute a license to operate; 7) All clearances and/or permits for all City of Vallejo departments must be obtained; 8) I must comply with all other ordinances and/or laws, including but not limited to zoning laws.

Will you sell, distribute, use, store or transport Marijuana or Medical Marijuana? Yes No

I declare under the penalty of perjury under the laws of the State of California that the information contained in this application and any attachments thereto are true, correct and complete to the best of my knowledge.

Signature: _____ Title: _____
 Printed Name: _____ Date: _____

* E-mail addresses are used to communicate city information to you, including information about Business Improvement Districts, Public Works Projects and events of public interest. Your address will not be sold, shared, or used for any other purpose.



BUSINESS LICENSE TAX APPLICATION (CONTINUED)

VALLEJO HOME-BASED OCCUPATIONS

Home-Based Occupation I have received and read information about Vallejo Municipal Code Chapter 16.60 (Ordinance No. 558 N.C. (2d)) and hereby agree to comply. Failure to comply will result in revocation of license and possible legal action.

Applicant Signature:

Date:

IMPORTANT NOTICE

Thank you for submitting an application for a Vallejo business license. Please note that ***you may not operate your business until you have received the business license tax certificate***. Acceptance by the City of payment of fees and tax does not constitute approval of a business license application. It is the business owner's responsibility to notify the City if there are any changes to the business name, ownership, business location or business activity from the information submitted on this form.

For businesses located in Vallejo, before the business license is issued, your business operation must be approved for compliance with all provisions of the City's zoning code. Your license application will be reviewed by the City's Planning Division for zoning code compliance. This review will be based on the information which you submitted on the license application form. It is important that you not delay this review process by failing to respond promptly to any request for additional information which you may receive from the Planning Division. In addition, approval may be required from the City's Building Division, Fire Department, Police Department, and/or the Solano County Health Department. For questions regarding the City's review, please contact the following departments:

- Final occupancy is subject to inspection approved by the Building Division at (707) 648-4374
- Zoning Permit approval is required from the Planning Division at (707) 648-4326
- Fire and life safety inspection of your facility is required. (707) 648-4565

BUSINESSES WHICH OPERATE WITHOUT A VALID BUSINESS LICENSE ARE SUBJECT TO CRIMINAL PROSECUTION

Operating a business without a current, valid business license is a criminal misdemeanor (VMC Section 5.04.605). All business licenses expire on June 30 of each year. Business owners are responsible for renewing their license and paying business tax annually, whether or not they receive a notice from the City.

If business taxes become delinquent, in addition to the penalty fees which will accrue, you may be criminally prosecuted for operating without a valid business license. Additional fines, penalties and court costs for any criminal charge that has been filed may also be imposed.

STATE FEE AB 1379 EFFECTIVE JANUARY 1, 2018

On October 11, 2017, Governor Brown signed into law AB 1379 which adds a state fee of \$4.00 on any application for a local business license or similar instrument or permit, or renewal thereof. The purpose of this fee is to increase disability access and compliance with construction-related accessibility requirements and to develop educational resources for businesses in order to facilitate compliance with federal and state disability laws, as specified.

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 www.dgs.ca.gov/dga/Home.aspx
- The Department of Rehabilitation at www.rehab.cahwnet.gov
- The California Commission on Disability Access at www.cdda.ca.gov

BUSINESS LICENSE TAX RATES
CITY OF VALLEJO
(Continued)

SECTION	B	CONTRACTORS
<p>These rates apply to all building trades contractors working in the city. Every contractor shall have the option to pay a license tax pursuant to any of the following:</p> <p>A. Sixty dollars (\$60) quarterly; B. Ninety dollars (\$90) semi-annually; C. One hundred fifty dollars (\$150) annually; D. Calculated on gross receipts, Classification B.</p>		

SECTION	C	PROFESSIONALS
<p>These rates apply to all professional businesses with a business location in the city or outside the city. Professional businesses are listed in Resolution No. 92-292A and include but are not limited to, Certified Public Accountant, Appraisal, Architecture, Attorney, Chiropractor, Dentist, Engineer, Doctor, and Veterinary. Every professional business shall have the option to pay a license tax pursuant to any of the following:</p> <p>A. One hundred fifty dollars (\$150) annually for the first person, and \$150 for each additional professional in or employed by the firm. or B. Calculated on gross receipts, Classification A.</p>		

SECTION	D	RENTAL PROPERTIES
<p>Each rental property pays a business license flat tax on all units of \$2.40 per unit annually. The business license tax minimum annual fee is sixty dollars (\$60).</p>		

SECTION	E	REAL ESTATE
<p>Every real estate broker or agent shall have the option to pay a license tax pursuant to any of the following:</p> <p>A. One hundred fifty dollars (\$150) annually for each broker, and \$75 for each additional agent in or employed by the firm. or B. Calculated on gross receipts, Classification B.</p>		

SECTION	F	SPECIAL CATEGORIES
<p>Special categories with set rates. See Resolution No. 92-292A for the full list of categories and rates. Applicants will be advised of the tax amount due.</p> <p>Certain businesses, including but not limited to the following, require special permits or registration and advance City approval prior to beginning business operations:</p> <ul style="list-style-type: none"> Coin-operated machines (vending or amusement) Dances, Dance Halls, Café Entertainment Dating and Escort Services Firearms Sales Fortunetellers Massage Establishments or Practitioners Paratransit Service (Taxi, Limousine, etc.) Pawnbrokers Peddlers Pool and Billiard Rooms Private Handbill Distributor Secondhand or Junk Dealers Towing Service Uniformed Security/Private Patrol Operators Video Arcade and Electronic Game Machines 		

