



# BUSINESS LICENSE APPLICATION

FY 20\_\_ to 20\_\_

*City of Gonzales*

147 Fourth St. . P.O. Box 647  
Gonzales CA 93926

Phone # (831)675-5000 . Fax (831)675-2644

Circle One:

**New Applicant**

**Renewal Application**

CLEARLY PRINT OR TYPE APPLICATION

**Name of Business:** \_\_\_\_\_

**Business Information:** (All information is required and must be provided to obtain a Business License)

Legal Status: <i>(Check One)</i>	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation																					
If Corporation, Legal name of Corporation: _____																								
Address: _____																								
	City	State	Zip																					
Business Description: _____																								
Business Location: _____			Zoning: _____																					
	City	State	Zip																					
Business Mailing Address: _____																								
	City	State	Zip																					
Contact Name (if different than owner): _____																								
Business Telephone Number: (____) _____ Fax (____) _____ Other (____) _____																								
Work Site Address(s): _____																								
Estimate Annual Gross Income: \$ _____ (For Jobs in Gonzales only. You may be required to show proof of income.)																								
Amount of Tax: \$ _____ (Refer to tax table)		ADA Fee: <b>\$1.00</b> Fire Inspection Fee: <b>\$ 59.00 (FY2016/17)</b>																						
(Note: ADA FEE is for local businesses only)																								
Total Amount Due: \$ _____																								
Number of Employees: _____		Is this a Home Occupation?      Yes      or      No      (Please Circle One)																						
Type of Business: <span style="background-color: #cccccc;">(✓ Only One)</span> <span style="background-color: #cccccc;">DESCRIPTION</span>																								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><input type="checkbox"/></td> <td style="width: 30%;"><b>Retail Sales</b></td> <td>To sell or offer goods, wares or merchandise</td> </tr> <tr> <td><input type="checkbox"/></td> <td><b>Contractor</b></td> <td>A person, not an employee of another, who is licensed by the state and submits a bid to perform services for another</td> </tr> <tr> <td><input type="checkbox"/></td> <td><b>Profession or Service</b></td> <td>Business providing professional, technical or other services</td> </tr> <tr> <td><input type="checkbox"/></td> <td><b>Wholesale/Industry</b></td> <td>Business conducted solely to sell goods and services in wholesale lots to other businesses engaged in fabrication or processing; public utilities</td> </tr> <tr> <td><input type="checkbox"/></td> <td><b>Manufacturing</b></td> <td>Business conducted to make or process goods using industrial machinery</td> </tr> <tr> <td><input type="checkbox"/></td> <td><b>Automobile Dealer</b></td> <td>Business engaged in the sale of new or used automobiles</td> </tr> <tr> <td><input type="checkbox"/></td> <td><b>Other</b></td> <td>All other businesses not otherwise classified in the above categories</td> </tr> </table>				<input type="checkbox"/>	<b>Retail Sales</b>	To sell or offer goods, wares or merchandise	<input type="checkbox"/>	<b>Contractor</b>	A person, not an employee of another, who is licensed by the state and submits a bid to perform services for another	<input type="checkbox"/>	<b>Profession or Service</b>	Business providing professional, technical or other services	<input type="checkbox"/>	<b>Wholesale/Industry</b>	Business conducted solely to sell goods and services in wholesale lots to other businesses engaged in fabrication or processing; public utilities	<input type="checkbox"/>	<b>Manufacturing</b>	Business conducted to make or process goods using industrial machinery	<input type="checkbox"/>	<b>Automobile Dealer</b>	Business engaged in the sale of new or used automobiles	<input type="checkbox"/>	<b>Other</b>	All other businesses not otherwise classified in the above categories
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**Contact & Emergency Information:** (This information will assist the Police Department and other City Officials to provide emergency assistance)

Name: _____
Telephone Number: _____ Other Contact Number: _____

**Business Identification Numbers & Other Licenses/Certificates:**

(If your business is required to be licensed by a State or County Agency, the City must verify that you possess such a license)

Federal Tax Id #:	_____	Social Security Number	_____
State of CA Contractors #:	_____	State board of Equalization Acct. #	_____
State of CA Employer ID #	_____	Peddlers Permit #	_____
Other State or Agency License #	_____	Agency Name:	_____

Please attach to the application a copy of the following documents if it is applicable to your business.

✓ If Applicable	✓ If not Applicable	
<input type="checkbox"/>	<input type="checkbox"/>	CA Sellers Permit
<input type="checkbox"/>	<input type="checkbox"/>	CA State Health Department Certificate
<input type="checkbox"/>	<input type="checkbox"/>	CA State Contractors License
<input type="checkbox"/>	<input type="checkbox"/>	CA State Day Care Provider Certificate
<input type="checkbox"/>	<input type="checkbox"/>	CA State Resale License
<input type="checkbox"/>	<input type="checkbox"/>	Gonzales Police Department Peddlers Permit
<input type="checkbox"/>	<input type="checkbox"/>	Liability Insurance Certificate
<input type="checkbox"/>	<input type="checkbox"/>	Workers Compensation Certificate

**Owner Information:**

(All information is required and must be provided to obtain a Business License)

Name: _____	_____	Telephone Number	_____
Mailing Address: _____	_____	City	State Zip
Name: _____	_____	Telephone Number	_____
Mailing Address: _____	_____	City	State Zip

**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 5.04 of the Gonzales City Code states that licenses are subject to all City regulations, state & other regulatory agencies, including those pertaining to health and safety, use of property, and zoning. You are urged to check with the appropriate City Departments and other regulatory agencies for further information about these regulations prior to paying for your license.

**X**

<b>Applicant/Owner Signature</b>	<b>Applicants Title</b>	<b>Date</b>
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**For City Use Only:**

<b><u>Finance Dept.</u></b>	<b><u>Department Approval (Initial &amp; Date)</u></b>	
Tax Amount: _____	Planning Dept. _____	Date _____
ADA Fee: _____	Building Dept. _____	Date _____
Fire Insp. Fee: _____	Finance Dept. _____	Date _____
Penalty: _____		
Amount Paid: _____		