

CITY OF SUISUN CITY

701 Civic Center Blvd.~ Suisun City, CA 94585
Phone (707) 421-7328 ~ Fax (707) 421-7364

Please Check One Below:

New Business _____
Name Change _____
Change Owner _____
Renewal _____

BUSINESS LICENSE TAX APPLICATION

PLEASE TYPE OR PRINT CLEARLY, COMPLETE ALL SECTIONS THAT APPLY TO YOUR BUSINESS.

* INDICATES MANDATORY INFORMATION WHICH MUST BE INCLUDED FOR APPLICATION TO BE PROCESSED.

**HIGHLIGHTED AREAS FOR CITY USE
FOR DEPARTMENT APPROVALS & DATES:**

Business Name* _____
Mailing Address* _____ Suite _____ Business ID _____ Fire: _____
City/State/Zip* _____ Bus License _____ PD: _____
Business Physical Address* _____ Suite _____ Date Bus Started _____ Bldg: _____
City/State/Zip* _____ Class Code _____ Png: _____
DBA (doing business as) _____ Rate Codes: 1. _____ 2. _____ 3. _____
Business Primary Phone* (____) _____ Emergency Phone (____) _____ Category: _____
Detailed Description of Business Activity* _____

LIST BELOW OWNER, PARTNERS OR OFFICER INFORMATION (attach separate sheet if necessary)

Owner Name* _____ Phone (____) _____ Cell Phone (____) _____
Home Address* _____ City/State/Zip _____
Driver's License No _____ Social Security No* _____
Type of ownership (please check one)* Sole Proprietor _____ LLC _____ Partnership _____ Corporation _____

CONTRACTOR & COMMERCIAL BUSINESS INFORMATION - Estimated Annual Gross Receipts* _____

Federal ID #* _____ State ID # _____ Resale # _____
Contractors License #* _____ Exp Date* _____ License Verified By & Date _____
Number of Employees (include owner if applicable)* _____ Total Sq Ft of Business* _____ (commercial business's only)
Alarm? Yes _____ No _____ If Yes, Company Name: _____ Phone: _____

HOME BUSINESS INFORMATION - Estimated Annual Gross Receipts* \$ _____

Number Of Employees* _____ Number of Clients Per Day* _____ Daily Hours/Days Per Week* _____ / _____
What Processes/Equipment Will Be Used* _____
What Deliveries of Product/Materials Will Be Necessary* _____
Primary Location Where Business Will Be Conducted* _____
Primary Location Where Sales Will Be Conducted* (no retail sales permitted in home) _____
Alarm? Yes _____ No _____ If Yes, Company Name: _____ Phone: _____

EMERGENCY CONTACTS (person with building access)

1. Name* _____ Key?* Yes ___ No ___ Phone* (____) _____
2. Name _____ Key? Yes ___ No ___ Phone (____) _____

I hereby certify, under penalty of perjury, that the information in this application and any attachments hereto is true, correct and complete to the best of my knowledge, and that I will comply with the provisions of the City of Suisun City Municipal Code and all federal, state and local laws and regulations governing the operation of this business.

Signature of Owner or Representative: _____ Title: _____ Date: _____

City of Suisun City
BUSINESS LICENSE FEE SCHEDULE
Fees Paid Annually
***(Out-of-Town Contractors, see below)**

For the majority of businesses, the Business License fee is based on the type of business or service and the annual gross receipts. If you are not sure of your business category, please contact our office at (707) 421-7328 for assistance. The City uses the following categories:

- CLASS A SERVICE** – automotive repair, janitorial, handyman, secretarial, beauty/nail/barber shops, etc
- CLASS A RETAIL** – restaurants, video stores, automotive stores, appliance parts, computer stores, etc
- CLASS B PROFESSIONAL** – bookkeeping, tax preparation, massage therapy, medical, legal, consulting, etc
- CLASS C CONTRACTORS** – construction activities, carpenters, roofers, general contractors, HVAC, etc

<u>ANNUAL GROSS RECEIPTS</u>		<u>BUSINESS LICENSE FEE</u>		
<i>At Least</i>	<i>But Less Than</i>	<i>Class A</i>	<i>Class B</i>	<i>Class C</i>
\$ 0.00	\$ 40,000.00	\$ 50.00	\$ 76.00	OUT OF TOWN CONTRACTORS: Please call for rate information as a pro-ration may apply.
\$ 40,000.00	\$ 60,000.00	\$ 60.00	\$ 90.00	
\$ 60,000.00	\$ 80,000.00	\$ 70.00	\$ 96.00	
\$ 80,000.00	\$100,000.00	\$ 80.00	\$120.00	
\$100,000.00	\$120,000.00	\$ 90.00	\$136.00	
\$120,000.00	\$140,000.00	\$100.00	\$150.00	
\$140,000.00	\$160,000.00	\$110.00	\$166.00	
\$160,000.00	\$180,000.00	\$120.00	\$180.00	
\$180,000.00	\$200,000.00	\$130.00	\$196.00	
\$200,000.00	\$240,000.00	\$146.00	\$220.00	
\$240,000.00	\$280,000.00	\$170.00	\$256.00	
\$280,000.00	\$320,000.00	\$190.00	\$286.00	
\$320,000.00	\$360,000.00	\$210.00	\$316.00	
\$360,000.00	\$400,000.00	\$230.00	\$346.00	
\$400,000.00	\$450,000.00	\$250.00	\$376.00	
\$450,000.00	\$500,000.00	\$270.00	\$406.00	
\$500,000.00	\$550,000.00	\$290.00	\$346.00	
\$550,000.00	\$600,000.00	\$310.00	\$466.00	
\$600,000.00	\$700,000.00	\$330.00	\$646.00	
\$700,000.00	\$800,000.00	\$350.00	\$766.00	
\$800,000.00	\$900,000.00	\$370.00	\$826.00	
\$900,000.00	\$1,000,000.00	\$390.00	\$886.00	
For each additional \$100,000.00 or fraction thereof add:		\$ 15.00	\$ 15.00	

Commercial Businesses are also charged .027 cents per square foot and \$24.90 safety inspection fee annually.

Transportation and Trucking service is charged \$42.60 annually for the first truck and \$21.30 for each additional truck.

Out-of-Town Service fees are flat rate \$50.00 plus \$25.00 per employee (minimum \$75.00 annually). **SEE NOTE ABOVE**

Out-of-Town Contractors fees are flat rate \$133.10 plus \$26.60 per employee (minimum \$159.70). **SEE NOTE ABOVE**

CONTRACTORS MUST SUPPLY A CERTIFICATE OF INSURANCE SHOWING WORKERS COMPENSATION COVERAGE BEFORE A BUSINESS LICENSE CAN BE ISSUED