



**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** \_\_\_\_\_  
**Address Change** \_\_\_\_\_

**BUSINESS LICENSE TAX APPLICATION**

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

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

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

Business Name\* \_\_\_\_\_

Mailing Address\* \_\_\_\_\_ Suite \_\_\_\_\_

City/State/Zip\* \_\_\_\_\_

Business Physical Address\* \_\_\_\_\_ Suite \_\_\_\_\_

City/State/Zip\* \_\_\_\_\_

DBA (doing business as) \_\_\_\_\_

Business Primary Phone\* (\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Detailed Description of Business Activity\* \_\_\_\_\_

Business ID \_\_\_\_\_ Fire: \_\_\_\_\_

Bus License \_\_\_\_\_ PD: \_\_\_\_\_

Date Bus Started \_\_\_\_\_ Bldg: \_\_\_\_\_

Class Code \_\_\_\_\_ Plng: \_\_\_\_\_

Category: \_\_\_\_\_

**LIST BELOW OWNER, PARTNERS OR OFFICER INFORMATION (ATTACH SEPARATE SHEET IF NECESSARY)**

Name\* \_\_\_\_\_ Owner \_\_\_\_\_ CEO \_\_\_\_\_ Other \_\_\_\_\_ \* Phone (\_\_\_\_) \_\_\_\_\_

Home Address\* \_\_\_\_\_ City/State/Zip\* \_\_\_\_\_

Driver's License No \_\_\_\_\_ Social Security No\* \_\_\_\_\_

Type of ownership (please check one) \* Sole Proprietor \_\_\_\_\_ LLC \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

Federal ID #\* \_\_\_\_\_ State ID #\* \_\_\_\_\_ Resale #\* \_\_\_\_\_

Email address\* \* \_\_\_\_\_

**CONTRACTOR**

Contractors License #\* \_\_\_\_\_ Exp Date\* \_\_\_\_\_ License Verified By & Date \_\_\_\_\_

Number of Employees (working in the City of Suisun @ the job site)\* \_\_\_\_\_

**COMMERCIAL BUSINESS INFORMATION** - Estimated Annual Gross Receipts\* \_\_\_\_\_

Number of Employees (include owner if applicable)\* \_\_\_\_\_ Total SQ FT of Business\* \_\_\_\_\_ (commercial business's only)

Alarm? \* Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, Company Name: \_\_\_\_\_ \*Suisun Permit #: \_\_\_\_\_  
 (<http://police.suisun.com/alarm-application>)

**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: \_\_\_\_\_ \*Suisun Permit # \_\_\_\_\_

**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>		
			<u>Class A</u>	<u>Class B</u>	<u>Class C</u>
\$ 0.00	\$ 39,999.00	-----	\$ 50.00	\$ 76.00	<b>OUT OF TOWN CONTRACTORS: Please call for rate information as a pro-ration may apply.</b>
\$ 40,000.00	\$ 59,999.00	-----	\$ 60.00	\$ 90.00	
\$ 60,000.00	\$ 79,999.00	-----	\$ 70.00	\$ 96.00	
\$ 80,000.00	\$ 99,999.00	-----	\$ 80.00	\$120.00	
\$100,000.00	\$119,999.00	-----	\$ 90.00	\$136.00	
\$120,000.00	\$139,999.00	-----	\$100.00	\$150.00	
\$140,000.00	\$159,999.00	-----	\$110.00	\$166.00	
\$160,000.00	\$179,999.00	-----	\$120.00	\$180.00	
\$180,000.00	\$199,999.00	-----	\$130.00	\$196.00	
\$200,000.00	\$239,999.00	-----	\$146.00	\$220.00	
\$240,000.00	\$279,999.00	-----	\$170.00	\$256.00	<b>OUT OF TOWN SERVICE: Please call for rate information as a pro-ration may apply.</b>
\$280,000.00	\$319,999.00	-----	\$190.00	\$286.00	
\$320,000.00	\$359,999.00	-----	\$210.00	\$316.00	
\$360,000.00	\$399,999.00	-----	\$230.00	\$346.00	
\$400,000.00	\$449,999.00	-----	\$250.00	\$376.00	
\$450,000.00	\$499,999.00	-----	\$270.00	\$406.00	
\$500,000.00	\$549,999.00	-----	\$290.00	\$436.00	
\$550,000.00	\$599,999.00	-----	\$310.00	\$466.00	
\$600,000.00	\$699,999.00	-----	\$330.00	\$646.00	
\$700,000.00	\$799,999.00	-----	\$350.00	\$766.00	
\$800,000.00	\$899,999.00	-----	\$370.00	\$826.00	
\$900,000.00	\$ 999,999.00	-----	\$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 \$175.00). **SEE NOTE ABOVE**

**California Disability Access Fee:** Beginning Jan. 1, 2018, all business license applicants must pay a \$4 annual disability access fee as required by State law (SB1186). 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/dsa/Home.aspx](http://www.dgs.ca.gov/dsa/Home.aspx)
- The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov)
- The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov)

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