

**CITY OF ROHNERT PARK -APPLICATION FOR BUSINESS LICENSE TAX**

130 Avram Av. Rohnert Park, CA 94928 - Phone (707) 585-6725 - Fax (707) 794-9248

Business Name: _____		Date business commenced in Rohnert Park: _____	
Business Address: (Do Not use P.O. Box) _____  <div style="display: flex; justify-content: space-between;"> <span>_____ City, _____ State _____ Zip</span> </div>			
Business Mailing Address:  <div style="display: flex; justify-content: space-between;"> <span>_____ City, _____ State _____ Zip</span> </div>			
Business Phone: (    ) _____		Business Fax: (    ) _____	
Email Address: _____			
Description of Business (Please be specific): _____			
Business Owners Name(s): _____			
Home Address:  <div style="display: flex; justify-content: space-between;"> <span>_____ City, _____ State _____ Zip</span> </div>			
Home Phone: (    ) _____		Home Fax: (    ) _____	
<b>State requirement to have one of the following numbers:</b>		Ownership Type (Mark One)	
Social Security # _____	Resale # _____	Single Proprietor	<input type="checkbox"/>
Federal Employee Id # _____		Partnership	<input type="checkbox"/>
State Id # _____		Limited Partnership	<input type="checkbox"/>
State Contractors License # _____	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	Corporation	<input type="checkbox"/>
<b>CLASSIFICATION OF BUSINESS (circle one)</b>			
Service	Contractor	Special Event	Theaters,Auctioneers,Liquidator,Astrologer
Retail	Taxi	Utility	Coin Operated Machines
Wholesale	Seasonal Vendor	Rental (Single Family)	Liquidators
Manufacturing	Auctioneers	Rental (Hotel, Apt.,etc.)	Astrologers
Professional	Solicitor	Rental (Duplex,4-Plex,)	Kennel
Has there been or will there be any tenant improvements associated with the proposed business? If so, explain: _____			
What was the prior business in the space you plan to occupy? If unknown, please indicate. _____			
Does your business require permits from other agencies? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does your business store or use hazardous materials or generate hazardous waste? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Out of what type of space does your business operate? <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Not Applicable If residential was marked, do you see clients as part of your business? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Number of Employees: _____		Does the building have fire sprinklers? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If Apartments, # of units: _____		If Restaurant, seating capacity: _____	
Emergency Contact (after hours) Name & phone: _____			
<i>All businesses with employees must have valid current worker's compensation insurance or a certificate of self insurance. I certify that in the performance of work for which this certificate is issued, I shall not employ any person without having a certificate of self insurance or valid worker's compensation insurance. _____ <b>Please initial.</b></i>			
<i>I understand as a condition of approval for a business license in the City of Rohnert Park, I must obtain Fire, Building and Planning clearance prior to the commencement of business in the City. To the best of my knowledge all information is true and correct. PAYMENT OF TAXES AND FEES DOES NOT CONSTITUTE CITY APPROVAL. _____ <b>Please initial.</b></i>			
_____ <b>Signature</b>		_____ <b>Date</b>	

<b>CLASSIFICATION FEES</b>	\$ _____
<b>BUSINESS LICENSE RESEARCH FEE (commercial RP locations: \$85.00 non refundable)</b>	\$ _____
<b>FIRE-INSPECTION FEE (commercial RP locations: \$120.00 non refundable)</b>	\$ _____
<b>BUILDING INSPECTION FEE (commercial RP locations: \$74.00 non refundable)</b>	\$ _____
<b>HOME OCCUPATION PERMIT FEE (residential RP businesses: \$85.00 non refundable)</b>	\$ _____
<b>CA DISABILITY ACCESS FEE (\$1.00 non-refundable: REQUIRED for all businesses)</b>	\$ _____
<b>TOTAL PAID</b>	<b>\$ _____</b>

Failure to pay license when when due:  
 Delinquent/Penalty-25% penalty per month added after 1<sup>st</sup> day of each month following due date to a maximum of 50% then 7% simple annual interest on unpaid balance added thereafter.  
 License will remain active until written request for cancellation is received by Licensing Department.