

CITY OF ANDERSON

BUSINESS LICENSE INFORMATION

PLEASE READ CAREFULLY

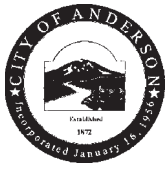
- Our goal is to make it easier for you to comply with the business license regulations, zoning, fire and building codes. It is, therefore, important that you have a clear understanding of the following procedures in order to maintain accurate information and to avoid any penalty fee or delay of your business license.
- **YOUR BUSINESS LICENSE IS NOT VALID UNTIL BUILDING, ZONING AND FIRE CODES ARE MET.** If you have any questions regarding zoning or building code requirements, or want to schedule an inspection, please call the Building Department at (530) 378-6636.
- Contractors must attach a copy of their valid State Contractor's I.D. card, showing the expiration date.
- **ALL NEW BUSINESS LICENSE APPLICANTS MUST PAY:**
 - Building Inspection Fee
 - Fire Inspection Fee
 - Plan Check Fee

RENEWAL PROCEDURES

- Please indicate any change in the status of your business, i.e., address, business name, number of employees, etc., on the renewal form. Also, please indicate whether only the physical address has changed, or both physical and mailing addresses have changed. If your firm has incorporated, please list one responsible officer along with the corporate name.
- **It is essential that the Renewal Notice form is filled out completely and signed by a responsible party. Your business license cannot be issued without this signature.**
- Business license renewals are due July 1 of each year and become delinquent after August 31. Any payments postmarked after August 31 are considered delinquent, and a penalty of 10% per month is assessed. The penalty increases by 10% on the first of each month, up to 100% of the license tax.
- It is imperative that you notify us if you have closed your business by indicating so on the renewal form and returning it, or call our office at (530) 378-6626.
- If you have any questions or we may be of further assistance regarding your business license renewal, please call us at (530) 378-6626.

BUSINESS LICENSE CATEGORIES & TAXES

| | | |
|---|---|--|
| <p>AMBULANCE SERVICES*</p> <p>1-2 employees \$50.00 annual base tax 3-6 employees \$5.00 each employee 7-26 employees \$4.00 each employee 27 or more employees \$3.00 each employee</p> | <p>COMMERCIAL BUSINESSES</p> <p>1-2 employees \$50.00 annual base tax 3-6 employees \$5.00 each employee 7-26 employees \$4.00 each employee 27 or more employees \$3.00 each employee</p> | <p>PEDDLERS*</p> <p>\$10.00 per day, not to exceed \$50.00 per year <i>* No fixed place of business within the City</i></p> |
| <p>AMUSEMENTS</p> <p>Astrologers, Fortune-tellers \$75.00 per day Automobile Racing \$25.00 per day Carnival, Circus, Rodeo \$75.00 per day Retail sales of food in conjunction with carnival, circus, rodeo \$7.50 per day Other itinerant show \$75.00 per day Street vendor \$5.00 per day but not more than \$25.00 per quarter</p> <p>Bowling Alley, Theater, Drive-in Theater, Skating Rink \$150.00 per year</p> <p>Pinball Machines & Mechanical Games \$12.00 per year, per machine</p> <p>Pool Tables \$12.00 per year, per table</p> <p>Coin-Operated Music Machine \$20.00 per year, per machine</p> <p>For each machine of any other type, not a vending machine \$12.00 per year</p> | <p>GENERAL CONTRACTORS</p> <p>\$75.00 per year or \$25.00 per quarter</p> <p>SUB-CONTRACTORS</p> <p>\$50.00 per year or \$15.00 per quarter</p> <p>HOTELS, MOTELS, HOMES, APARTMENTS, & MOBILE HOME PARK RENTALS</p> <p>\$20.00 per year for the first 5 units \$5.00 per year for each unit over 5</p> <p>JUNK DEALERS</p> <p>\$100.00 per year</p> | <p>PERSONAL SERVICES</p> <p>1-2 employees \$50.00 annual base tax 3-6 employees \$5.00 each employee 7-26 employees \$4.00 each employee 27 or more employees \$3.00 each employee</p> <p>PROFESSIONAL & SEMI-PROFESSIONAL SERVICES</p> <p>\$50.00 per licensed professional \$5.00 each additional employee</p> <p>PUBLIC UTILITIES</p> <p>1-2 employees \$50.00 annual base tax 3-6 employees \$5.00 each employee 7-26 employees \$4.00 each employee 27 or more employees \$3.00 each employee</p> |
| <p>CARDROOMS</p> <p>\$200.00 per year for each card table</p> | <p>MANUFACTURING & PROCESSORS</p> <p>1-2 employees \$55.00 3-7 employees \$70.00 8-15 employees \$95.00 16-25 employees \$190.00 26 or more employees \$360.00</p> <p>NON-SPECIFIED BUSINESSES & BUSINESSES OUTSIDE CITY LIMITS</p> <p>1-2 employees \$10.00 per year 3-5 employees \$20.00 per year 6-10 employees \$30.00 per year 11-15 employees \$40.00 per year 16 or more employees \$50.00 per year</p> | <p>RESTAURANTS, CAFES & DRIVE-INS</p> <p>1-2 employees \$50.00 annual base tax 3-6 employees \$5.00 each employee 7-26 employees \$4.00 each employee 27 or more employees \$3.00 each employee</p> <p>TAXICABS</p> <p>1-2 employees \$50.00 annual base tax 3-6 employees \$5.00 each employee 7-26 employees \$4.00 each employee 27 or more employees \$3.00 each employee</p> |
| <p>COIN-OPERATED MACHINES</p> <p>Car wash \$18.00 per year Laundry equipment \$30.00 per year</p> | <p>WHOLESALE & RETAIL DELIVERY</p> <p>Retail \$55.00 per year Wholesale \$50.00 per year</p> | |



CITY OF ANDERSON

1887 Howard Street • Anderson, CA 96007
Phone (530) 378-6626 • Fax (530) 378-6666

BUSINESS LICENSE APPLICATION

Please
Check One
à

- NEW APPLICATION
- CHANGE OF OWNER
- CHANGE OF ADDRESS
- CHANGE OF BUSINESS NAME
- HOME OCCUPATION

PLEASE TYPE OR PRINT CLEARLY:

Business Name _____

Business Location _____
(Not P. O. Box)

City _____ State _____ Zip _____

Mailing Address _____
(If Different)

City _____ State _____ Zip _____

Bus. Phone () _____ **Bus. Fax** () _____

E-Mail Address _____

| | |
|-----------------------------------|---------------------------------------|
| Business Start Date: _____ | Description of Business: _____ |
|-----------------------------------|---------------------------------------|

Ownership: Corporation Ltd. Liability Corp. Partnership Sole Proprietor Trust

Contractor's Lic. No. _____ **Lic. Type** _____ **Exp. Date** _____

Resale No. _____ **Federal I.D. No.** _____ **State I.D. No.** _____

• FOR CITY USE ONLY •

BUSINESS LICENSE NO. _____

EXPIRATION DATE _____

LICENSE TAX \$ _____

TOTAL AMT. PAID \$ _____

DATE PAID _____ **CASH** / **CHECK**

RECEIPT NO. _____

BILLING CODE _____

SIC CODE _____

GEO./ZONE CODE _____

FREQUENCY OF RENEWAL _____

CITY APPROVALS • SIGN & DATE

Building Official _____ / _____

Fire Dept. _____ / _____

Comm. Dev. Agency _____ / _____

ENTER BELOW NAMES OF OWNERS, PARTNERS, OR CORPORATE OFFICERS - Attach additional page if necessary

Owner Name _____ **Title** _____ **Phone** () _____

Home Address _____ **Cell Phone** () _____

City _____ State _____ Zip _____

Driver's License No. _____ **Social Security No.** _____

Owner Name _____ **Title** _____ **Phone** () _____

Home Address _____ **Cell Phone** () _____

City _____ State _____ Zip _____

Driver's License No. _____ **Social Security No.** _____

EMERGENCY CONTACT:

Name _____ **Title** _____ **Phone** () _____

Address _____ **Cell Phone** () _____

City _____ State _____ Zip _____

AVOID PENALTIES - FILE PROMPTLY

DELINQUENCY:

License taxes are considered delinquent on September 1. Penalties accrue at the rate of 10% per month, up to 100% of the total amount due.

Please provide the following information:

No. of Coin-Operated Devices

No. of Units

No. of Employees

Thank you for doing business in the City of Anderson

CALCULATE LICENSE TAX DUE

See reverse side for business categories and taxes

| | | |
|---------------------------------|----|----------------------|
| Plan Check Fee | \$ | <input type="text"/> |
| Building Inspection Fee | \$ | <input type="text"/> |
| Fire Inspection Fee | \$ | <input type="text"/> |
| Base License Tax | \$ | <input type="text"/> |
| Additional Units Tax | \$ | <input type="text"/> |
| Additional Employees Tax | \$ | <input type="text"/> |
| Other Taxes | \$ | <input type="text"/> |
| TOTAL AMOUNT DUE | \$ | <input type="text"/> |

I hereby certify, under penalty of perjury, that the information in this application and any attachments is true, correct, and complete to the best of my knowledge and belief. I presently have and will maintain Worker's Compensation Insurance or a Certificate of Consent to Self-Insure, or I will not have employees who are subject to the State of California's Worker's Compensation laws. I agree to comply with all applicable laws and ordinances regulating the operation of this business.

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

RETURN COMPLETED APPLICATION TO ABOVE ADDRESS WITH A CHECK MADE PAYABLE TO THE CITY OF ANDERSON