

# CITY OF DAVIS

Finance Department  
 Phone: (530) 757-5651  
 Russell Blvd  
 Davis, CA 95616

BUSINESS LICENSE APPLICATION  
 Commercial, Home Occupancy, Out-of-Town Businesses,  
 Fraternal & Government Agencies

License No. \_\_\_\_\_  
 Control No \_\_\_\_\_ 23  
 Date entered \_\_\_\_\_  
 Staff initials \_\_\_\_\_

**NOTICE TO APPLICANT: Information on Page 1 of the Business License Application is public record. Information on Page 2, relating to gross receipts and/or computation of business license tax is confidential and is not subject to public record. A City of Davis business license does not imply that your business meets all zoning and building code requirements. Please check with both Planning and Building divisions in the Community Development Department to make sure your business is in the correct zoning district and meets all applicable building and accessibility codes.**

TODAY'S DATE: \_\_\_\_\_

Primary Business Name (Fictitious name if used): \_\_\_\_\_

Full description of Line 1 business activities: \_\_\_\_\_  
 If necessary, attach additional sheet, for full disclosure

Primary Business Address: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of business, please circle one:      Sole Proprietorship      Partnership      Corporation      LLC      LLP

Corporations, please indicate your **agent of service**: \_\_\_\_\_

Agents mailing address: \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Resale Permit #: \_\_\_\_\_ Health Permit #: \_\_\_\_\_

Alcoholic beverage Permit #: \_\_\_\_\_ Selling Tobacco or Tobacco Products YES or NO

Other Licenses pertaining to your business: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Number of employees **including owners** who will be working in Davis: Full time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Business Opening Date: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Ownership and Identification: List sole owner or partners or corporate officers, as applicable and local manager, if any.

NAME AND TITLE	HOME ADDRESS, CITY & ZIP	HOME PHONE NUMBER
		(    )
		(    )
		(    )
		(    )

Ownership and Identification information will be used as proof of ownership and for emergency contact purposes.

**CONTINUED ON OTHER SIDE: Please Turn Page Over**

**CONFIDENTIAL**  
**FOR BUSINESSES SUBJECT TO GROSS RECEIPTS**

Tax Group:  
From the Business License General Information Sheet. (1) Group \_\_\_\_\_

Gross Receipts Bracket:  
From the Business License General Information Sheet. (2) Gross Receipts Bracket \$ \_\_\_\_\_ - \_\_\_\_\_

Business License Tax: (3) \$ \_\_\_\_\_

Registration Fee: See Business License Information Sheet (4) \$ 10.00

State Mandated Disability Access and Educations Revolving Fund: (5) \$ 1.00

TOTAL TAX DUE: [ Add Lines 3 though 5 ] (6) \$ \_\_\_\_\_

**Federal I.D Number or Social Security Number:** \_\_\_\_\_

NOTE: New businesses must estimate their first-year or partial-year gross tax receipts. If your estimate is too low, you will be charged the additional fee on next year's renewal tax. If your estimate is too high, you will receive credit on your next year's renewal tax. **All reported business license gross receipts are subject to an audit by the City Finance Administrator.**

**All Licenses Expire December 31<sup>st</sup> Of Each Year** All renewals are due, payable on January 1st, and delinquent at 5:00 p.m. January 31st. A 10% penalty will be assessed on the delinquent date and an additional 10% for each month delinquent thereafter.

Make Check payable to City of Davis 23 Russell Blvd. Davis, CA 95616

14. <b>COMPLETE THIS SECTION ONLY IF BUSINESS IS LOCATED IN DAVIS:</b> Is this a New Business? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", then complete: I/We are buying all _____ or _____ part of an existing business; Former Business Name (Line 14a) _____:
Is this a: Commercial location <input type="checkbox"/> Residential location <input type="checkbox"/> If "yes", please ask for zoning information sheets.
If the property described on Line 2 above is RENTED or LEASED, enter name and address of property owner:

**City of Davis Smoking Ordinance**

It is the responsibility of employers to provide a smoke-free workplace for all employees, and to self-certify that their business complies with the no-smoking ordinance. Smoking is prohibited in all enclosed facilities within a place of employment without exception.

Smoking is prohibited in all business places accessible to the public, including, but not limited to restaurants, bars, outdoor seating areas, stairways, elevators, public restrooms, and all reception and waiting areas.

Smoking is also prohibited within 20 feet of an area or building where smoking is prohibited. These areas include, but are not limited to entrances and exits to enclosed public areas, indoor and outdoor seating provided by eating establishments and bars.

Business establishments are required to place "No Smoking" signs with letters not less than one (1") in height, or the international "No Smoking" symbol (a pictorial representation of a burning cigarette enclosed in a red circle with a bar across it) at or near all entrances and other locations where smoking is prohibited.

Please note: This is intended as an overview of the Smoking Control Ordinance. For a complete copy of the ordinance, or if you have any questions regarding the ordinance, please contact the City Clerk at (530) 757-5648 or visit [www.cityofdavis.org](http://www.cityofdavis.org)

**WARNING:** **FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER O CRIMINAL PENALTIES AND CIVIL FINES UP TO \$100,000, IN ADDITION TO THE COST OF COMPENSATION, DAMAGES, INTEREST, AND ATTORNEY'S FEES, AS PROVIDED FOR IN SECTION 3706 OF THE CALIFORNIA LABOR CODE.**

Certification: I declare under penalty of perjury that the foregoing is true and complete to the best of my knowledge and belief.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_