



FLAT RATE TAX BUSINESS LICENSE APPLICATION

FINANCE OFFICE

411 Main Street
P.O. Box 3420
Chico, CA 95927-3420
530-879-7320
530-895-4656 - Fax

Instructions:

Complete the application form below and submit along with payment to the City of Chico, Finance Office at the address noted above.

| | | | | | |
|---|-------------------------------|-------------------------------|---|--------------------------------|----------|
| BUSINESS NAME | | BUSINESS OWNER'S NAME | | BUSINESS START DATE (in Chico) | |
| BUSINESS LOCATION | STREET & NUMBER (no P.O. Box) | STE./APT.# | CITY | STATE | ZIP CODE |
| MAILING ADDRESS (if different) | | | | | |
| BUSINESS PHONE NUMBER () | | EMERGENCY PHONE NUMBER () | | DRIVER'S LICENSE NUMBER | |
| SOCIAL SECURITY # (Sole Proprietorship) | | | TAXPAYER IDENTIFICATION # (Corporation or Partnership): | | |
| APPLICATION IS FOR: <input type="radio"/> SOLE PROPRIETORSHIP <input type="radio"/> PARTNERSHIP <input type="radio"/> CORPORATION (if corporation, give legal name) | | | | | |
| BUSINESS IS LOCATED IN: <input type="radio"/> HOME OFFICE (if yes, please complete a Home Occupation Permit Application in addition to this application) <input type="radio"/> DOWNTOWN CHICO BUSINESS AREA (if yes, please complete a DPBIA Application in addition to this application) | | | | | |
| DESCRIPTION OF BUSINESS ACTIVITY: | | | | | |
| DO YOU HOLD "NON-PROFIT" STATUS WITH IRS? <input type="radio"/> YES (if yes, please provide appropriate documentation) <input type="radio"/> NO | | | | | |
| WILL YOU SELL TANGIBLE PROPERTY? <input type="radio"/> YES (if yes, please provide the following) <input type="radio"/> NO | | | | RESALE #: | |

Business License Tax is calculated using the table below.

(If your business does not qualify for a Flat Rate Tax, use the Gross Receipts Business License Tax Application.)

| Type of Business: | Unit Cost | # Units | Tax | Type of Business | Unit Cost | # Units | Tax |
|----------------------------------|------------------------|---------|------------|---|--------------------------------|---------|------------|
| Amusement Concession or Ride | \$10/month | X _____ | = \$ _____ | Lock Boxes | \$2/box | X _____ | = \$ _____ |
| Animal Show, Carnival, Circus | \$100/day | X _____ | = \$ _____ | Pickup/Delivery from Outside City | | | |
| Auto Parking Lots | \$25/lot | X _____ | = \$ _____ | First Vehicle | \$30 | X _____ | = \$ _____ |
| Auto Race Track | \$100 | X _____ | = \$ _____ | Each Additional Vehicle | \$10 | X _____ | = \$ _____ |
| Bowling Alley | \$7.50/alley | X _____ | = \$ _____ | Water Utility (per connection) | \$1.50 | X _____ | = \$ _____ |
| Card Room, Pool Hall | \$4/table | X _____ | = \$ _____ | Retail/Wholesale Concrete, Aggregate, Etc (Max \$100) | \$25/truck | X _____ | = \$ _____ |
| Christmas Tree Vendor | \$10/month | X _____ | = \$ _____ | Vehicles for Hire | \$24/veh. | X _____ | = \$ _____ |
| Fortune Teller, Palmist | \$100/prac | X _____ | = \$ _____ | Room and Board House: | | | |
| Hospital, Sanitarium Rest or | | | | 3 Rooms | \$13 | | = \$ 13.00 |
| Nursing Home (Min. \$18) | \$1.50/bed | X _____ | = \$ _____ | 4 to 50 Rooms | # _____ \$13 + (\$1 X _____) | | = \$ _____ |
| Hotel, Motel, Apartment: | | | | (\$1.00 per unit over 3 rooms) | | | |
| 3 to 5 Rental Units # _____ | \$18 | | = \$ 18.00 | 51 to 100 Rooms | # _____ \$70 + (\$.50 X _____) | | = \$ _____ |
| 6 to 50 Rental Units # _____ | \$18 + (\$1 X _____) | | = \$ _____ | (\$.50 per unit over 50 rooms) | | | |
| 51 to 100 Rental Units # _____ | \$63 + (\$.50 X _____) | | = \$ _____ | Over 100 Rooms | # _____ \$85 + (\$.25 X _____) | | = \$ _____ |
| Over 100 Rental Units # _____ | \$88 + (\$.25 X _____) | | = \$ _____ | (\$.25 per unit over 100 rooms) | | | |
| (\$1.00 per unit over 5 units) | | | | Mobile Home Park (# Rental Units) | | | |
| (\$.50 per unit over 50 units) | | | | 1 to 5 Units | # _____ \$18 | | = \$ 18.00 |
| (\$2.50 per unit over 100 units) | | | | 6+ Units | # _____ \$18 + (\$1 X _____) | | = \$ _____ |
| (\$2.25 per unit over 100 units) | | | | (\$1.00 per unit over 5 (Max=\$65)) | | | |

| | |
|---|-----------------|
| *CASp Fee | \$ 4.00 |
| TOTAL TAX DUE (calculated from table above): | \$ _____ |

*\$4.00 CASp Program Fee: 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 and The Department of Rehabilitation at www.rehab.cahwnet.gov.

The issuance of a business license represents only the fact that the licensee has paid a City of Chico business license tax per Municipal Code Sections 3.32 and 3.34. It does not constitute authorization of the licensee to conduct a business within the City of Chico. Prior to commencing business operations, the licensee should consult with the City of Chico Building and Planning Divisions to determine whether the type of business to be conducted is permitted at the intended business location.

APPLICANT'S SIGNATURE _____

DATE _____

OFFICE USE ONLY

| | | | |
|-------------------------|-----------|------------|--------------|
| Business Category Code: | SIC Code: | CR Number: | PEID Number: |
|-------------------------|-----------|------------|--------------|