



CITY of NAPA
Business License Tax Application
 955 School St
 P.O. Box 660
 Napa, CA 94559 707-257-9508

Complete all the sections and return to the City with the non-refundable application fee:
 \$127.00 (Business inside City)
 \$ 11.00 (Business outside City)
 \$ 35.50 (Home Occupancy Business)

Your application will be subject to further review and may be referred to PLANNING, FIRE PREVENTION, CODE ENFORCEMENT, BUILDING & POLICE DEPARTMENTS. As part of the approval and clearance processes, inspections may be conducted as necessary. If you are a food establishment operation, a permit from the COUNTY HEALTH OFFICER will also be necessary. In the meantime, you will be issued a Business License certificate. License is being issued for revenue purposes only. It is not a permit to operate a business in violation of City, County, State, and Federal Laws.

Application Type: New Business Address Change effective date _____ Owner Change effective date _____
 Second Branch in City of Napa

| | |
|--|---|
| Business Name (DBA) | Date business started or will start operating in Napa: |
| Business Address | Prior business owner and business license number business was purchased from: |
| Mailing Address (If different from above) | Nature of Business: |
| Business Phone: () _____ Emergency Phone: () _____ | Any other business currently at this location: |
| Is this business conducted in/from a residence? <input type="checkbox"/> No <input type="checkbox"/> Yes (IF YES, PLEASE COMPLETE FORM HB-1) | |
| Type of Business > <input type="checkbox"/> Contractor <input type="checkbox"/> Professional <input type="checkbox"/> Manufacturing <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Non-Profit <input type="checkbox"/> Property Rental-number of rental properties or units _____ | |
| Ownership > <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC Soc. Sec. # OR Fed. Tax ID #: _____ | |
| Owner(s) Name: _____ | |
| If Corporation, name of Officer: _____ Owner's Home Phone #: () _____ | |
| Owner's Home Address: _____ | |
| Retail Sales Tax #: _____ | Contractor's State License #: _____ |
| Commercial business floor area: _____ sq. ft. | Number of professionals/employees: _____ |

FOOD: No Yes Health Permit #: _____ ALCOHOL: No Yes Beer/Wine Liquor

| | |
|---|----|
| Enter estimated gross receipts from business operations in the City of Napa for the first calendar year | \$ |
|---|----|

Complete if applicable:
For delivery business without fixed place of business within the City:
 Number of delivery/service vehicles: up to 2 tons: _____ 2 to 3 tons: _____ over 3 tons: _____
 Number of vending machines: \$0.49-\$1.99: _____ \$2.00 & up: _____
 Number of video games or amusement devices: _____

If your business falls under any of the following categories, you will be required to obtain a special permit. (Please ask for information and/or specific forms.)

| | | | |
|-------------------------|------------------|------------------------------|--------------------|
| Caregiver Services | | | |
| Ice Cream / Food vendor | Weapons Dealer | Fortune-telling/palm reading | Second-Hand Dealer |
| Card Room Dealer | Vehicle for Hire | Solicitor/Canvasser/Peddler | Massage service |

Non-Profit organizations must provide a copy of their 501(c)3 letter or other proof of non-profit status.

HAZARDOUS MATERIALS (Call Fire Prevention at 257-9590 for assistance.)
This section is to be completed by all applicants with fixed place of business in the City.

1. Does your business use, store, generate, transport, or handle any commodity that might be considered a hazardous material?
 NO YES NOTE: HAZARDOUS MATERIALS ARE explosives, gases, flammable liquids, flammable solids, spontaneously combustible materials that are dangerous when wet, oxidizers and organic peroxides, poisonous or infectious materials, radioactive materials or corrosives.

If Yes, list the commodities and the quantities typically in stock > _____

I hereby certify under penalty of perjury, that the information contained herein is, to the best of my knowledge and belief a true and complete statement.

Date: _____ Signature of Applicant: _____

On September 19, 2012 Governor Brown signed into law SB-1186 which adds a state fee of \$1.00 on any applicant for a local business license or similar instrument or permit, or renewal thereof. The purpose is to increase disability access and compliance with construction-related accessibility requirements and to develop educational resources for business in order to facilitate compliance with federal and state disability laws, as specified. The fees above include this \$1.00 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.
- The Department of Rehabilitation at www.rehab.cahwnet.gov.
- The California Commission on Disability Access at www.ceda.ca.gov.

FIRE PREVENTION, CODE ENFORCEMENT, PLANNING AND BUILDING ARE LOCATED AT CSB BLDG., 1600 FIRST ST., NAPA, CA.

For Office Use Only (Do Not Write Below This Line)

| | | | |
|--|---|---|---|
| Fee Base: Gross Quarterly: _____ Gross Annual Sched: _____ Gross Wholesale: _____ Annual Fixed Fee: _____ | Video Games: _____ Vending Machines: _____ Vehicles: _____ Exempt: _____ | Other Fees: Promotional: _____ Parking/Prom: _____ Pkg2005/Pro: _____ Oxbow: _____ BOE Code _____ | ZONE CLEARANCE: () Permitted () Denied By: _____ Date: _____ Building Approval |
|--|---|---|---|



HOME-BASED BUSINESS Form HB-1

Community Development Department
1600 First Street
707.257.9530

Finance Department
955 School Street
707.257.9508

Mailing Address
PO Box 660
Napa, CA 94559

1 BUSINESS INFORMATION - *shall match information entered on Business License Tax Application*

BUSINESS ADDRESS: _____

BUSINESS NAME: _____

2 HOME-BASED BUSINESS TYPE - *mark the box for the type of business you are applying for*

Home Occupation
Home occupations are businesses conducted within a residential unit by its residents. The majority of home-based businesses fall under this category.
continue to Box 3A

Cottage Food Operation
Cottage food operations are businesses conducted within the residential unit only as authorized by the California Homemade Foods Act (AB 1616).
continue to Box 3B

3A HOME OCCUPATION

Review the following summary and sign to acknowledge your compliance with these regulations. For a full text of the regulations, refer to Subsection 17.52.240.B of the Zoning Ordinance.

- The business shall not occupy more than 200 square feet of the residence/garage.
- The business shall be conducted entirely indoors.
- The business shall not have any employees other than residents of the household.
- The business shall not have any customers or clients come to the residence.
- The business shall not create noise, odor, glare, or fumes that are discernible from outside.
- The business shall not list the residential address in any advertising, listing, or printed material.
- One commercial vehicle is allowed on the premise and shall be parked inside the garage.
- Wineries Only* - A maximum of eight barrels or 480 gallons per year is allowed.

SIGNATURE: _____

DATE: _____

3B COTTAGE FOOD OPERATION

Review the following summary and sign to acknowledge your compliance with these regulations. For a full text of the regulations, refer to Subsection 17.52.105.D of the Zoning Ordinance.

- The business shall not occupy more than 200 square feet of the residence/garage.
- The business shall be conducted entirely indoors.
- The business shall not have any employees other than residents of the household.
- The business shall not have any customers or clients come to the residence.
- The business shall not have any signage or advertisement identifying the residential address.
- One commercial vehicle is allowed on the premise and shall be parked inside the garage.
- On-site dining or tasting events for customers are prohibited.
- Application/issuance of permits/registration from the County of Napa is required.

SIGNATURE: _____

DATE: _____

4 PROPERTY OWNER INFORMATION - *only complete if the business owner is not the property owner*

OWNER NAME: _____ OWNER PHONE: _____

OWNER SIGNATURE: _____ DATE: _____