CITY OF DAVIS

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

BUSINESS LICENSE APPLICATION
General & Sub-Contractors

License No. ____________
Control No. ____________
Date entered ____________
Staff initials ____________

FOR CITY USE

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: ______________

1. Primary Business Name (Fictitious name if used) ____________________________________________
   If additional names are used with this business, complete branch form #F-754-45.00A.

2. Full description of Line 1 business activities:
   ____________________________________________
   If necessary, attach additional sheet, for full disclosure

3. Primary Business Address: _____________________________________________________________
   Phone: ( _____ ) _____________________________
   City: __________________________________ State: ________________ Zip: ______________________

4. Mailing Address: _________________________________________________________________
   City: __________________________________ State: ________________ Zip: ______________________

5. Applicant’s Name: _________________________________________________________________
   Title: _______________________________________________________________________
   Phone: ( _____ ) _____________________________

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

7. Corporations, please indicate your agent of service: ______________________________________________
   Agent’s mailing address: ____________________________________________
   Phone ( _____ ) _____________________________

8. Contractor’s License Classification(s): __________________________ Contractor’s License Number: __________________________
   State Resale Permit #: __________________________
   E-Mail: __________________________________________
   Other Licenses pertaining to your business: ________________________________________________

9. Number of employees including owners who will be working in Davis: ____________ Full time: ____________ Part Time:

10. Business Opening Date: ______________ or Estimated Opening Date: ______________________

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

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

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CONFIDENTIAL
FOR BUSINESSES SUBJECT TO GROSS RECEIPTS

Tax Group: All Contractors are in Group III

(1) Group ___ III

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) $4.00

TOTAL TAX DUE: [ Add Lines 3 through 5 ]

(6) $_____

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

Federal I.D Number or Social Security Number: ______________________

All renewals are due and 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.

All Licenses Expire December 31st Of Each Year

NOTE #1: This 1st year tax is an estimate only. Next year when actual gross receipts are known, your tax will be recomputed at renewal time (January 1 - January 31) with credit or additional charges made to this estimated tax payment.

PLEASE INITIAL AFTER READING NOTE #1 Applicant's Initials: ________

NOTE #2 If you are located outside the city limits, you are required to report your actual gross receipts earned in Davis at the end of the calendar year. Your actual gross receipts are needed to compare with your estimated gross receipts to ensure that your business license fee was not under or over paid.

PLEASE INITIAL AFTER READING NOTE #2 Applicant's Initials: ________

NOTE #3 GENERAL CONTRACTORS ONLY: Payments to Subcontractors with City of Davis business licenses may be deducted from your Total Gross Receipts up to the dollar amount reported by each subcontractor for that calendar year. THIS NET CALCULATION IS YOUR ADJUSTED GROSS RECEIPTS.

PLEASE INITIAL AFTER READING NOTE #3 Applicant's Initials: ________

City of Davis Smoking Ordinance Reminders

It is the responsibility of employers to provide a smoke-free workplace for all employees. Smoking is prohibited in all enclosed facilities within a place of employment without exception. Smoking is prohibited in all business places accessible to the general 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, please contact the Code Compliance Department at (530) 757-5610 or visit: www.cityofdavis.org

Warning: Failure to secure Worker’s Compensation coverage is unlawful, and shall subject an employer to criminal penalties and civil fines up to $1000,000 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: ___________________________

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