



# Business License Application

Home Occupancy, Out-of-Town Businesses, Fraternal & Government Agencies

Please return this completed request to City of Davis Finance Department

**City Use Only**

23 Russell Blvd, Suite 3 Davis, CA 95616

License No. \_\_\_\_\_

Phone: (530) 757-5651 Email: [financeweb@cityofdavis.org](mailto:financeweb@cityofdavis.org)

Control No. \_\_\_\_\_

**For Use by City of Davis Finance Only**

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_ Sewer Class: \_\_\_\_\_

**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 division in the Community Development Department to make sure that your business is in the correct zoning district and meets all applicable building and accessibility codes.

**Section 1: Business Information (Completed by Business)**

Please Print Clearly

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: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street, City, 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  
\*\* Will this business involve cannabis, any product(s) of cannabis, or anything associated with cannabis? YES or NO

Other Licenses Pertaining to Your Business: \_\_\_\_\_ Email Address: \_\_\_\_\_

Number of Employees (including owners) who will be working in Davis: Full Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

Business Opening Day: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

Name and Title	Home Address, City & Zip	Home Phone Number

## Section 2: Payment Calculation (Completed by Business)

CONFIDENTIAL

### FOR BUSINESSES SUBJECT TO GROSS RECEIPTS

Tax Group (from Business License Information Sheet):	(1) _____
Gross Receipts Bracket (from Business License Information Sheet):	(2) _____ - _____
Business License Tax (from Business License Information Sheet):	(3) _____
Registration Fee:	(4) <u>\$10.00</u>
State Mandated Disability Access and Educations Revolving Fund:	(5) <u>\$4.00</u>
Total Tax Due (Add Lines 3 through 5):	(6) _____

Checks made payable to City of Davis

Federal ID Number or Social Security Number: \_\_\_\_\_

## Disclosure to Applicant

*New businesses must estimate their first-year or partial-year gross tax receipts. If your estimate is too low, you will receive a letter for the additional fee due based off your actual gross receipts from next year's renewal. If your estimate is too high, you will receive a letter and a refund for the credit based off your actual gross receipts from next year's renewal.*

*In addition, first time applicants shall be charged a prorated fee based on the quarter of which the application was submitted. For more information, see Chapter 19.02.090 of the Davis Municipal Code.*

**All reported business license gross receipts are subject to an audit by the Finance Revenue Division.**

All licenses expire **DECEMBER 31ST OF EACH YEAR**. All renewals are due, payable on January 1st and delinquent at 5:00pm January 31st. A 10% penalty will be assessed on the delinquent date and an additional 10% for each month delinquent thereafter.

Visit our website for additional information: <https://www.cityofdavis.org/business-license>

## Section 3: Approval of Zoning (Only Completed if Business is Located in Davis)

Is this a New Business: YES or NO

If "NO", then complete the Former Business Name & Address: \_\_\_\_\_

Is this a Commercial Location: YES or NO

Is this a Residential Location: YES or NO

If the property described above is RENTED OR LEASED, enter the 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).*

## Section 4: Confirmation of Gross Receipts (Completed by Business)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date