

FOR OFFICIAL USE ONLY

Business License No. _____

Class Code _____

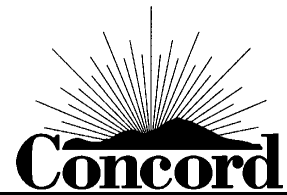
SIC Code _____

BUSINESS LICENSE APPLICATION

as required under Concord Municipal Code, Charter 18, Article II

Finance Department

1950 Parkside Drive, MS/06, Concord, CA 94519-2578
www.ci.concord.ca.us - Phone: 925 671-3307



Please Check Applicable:

- New Application
- Change of Owner
- Change of Information
- Home Business
- Out of City

Business Name _____	Bus. Start Date _____
Corporate Name <small>(if applicable)</small> _____	Fictitious Name No. _____
Business Location <small>(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)</small> _____	Resale No. _____
Mailing Address _____	Federal ID No. _____
Phone No. _____ Fax No. _____	State ID No. _____
Description of Business _____	Contractors State Lic. No. _____
Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Corp-Ltd Liability <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust	License Type _____
	Expiration Date _____
	Email Address _____

Enter below names of Owners, Partners, or Corporate Officers (Use additional sheets as necessary)
Per AB 2184, you may protect your residential address by providing a different Service of Process address in accordance with Sections 16000.1(a)(2) and 16100.1(a)(2) of the Business and Professions Code. To do so, please fill out the section on the bottom of this form.

1st Owner Name _____ Title _____	Driver Lic. No. _____
Home Address <small>(Cannot be P.O. Box)</small> _____	Soc. Sec. No./ITIN No. _____
Home Phone No. _____ Cell No. _____	Other ID No. _____
2nd Owner Name _____ Title _____	Driver Lic. No. _____
Home Address <small>(Cannot be P.O. Box)</small> _____	Soc. Sec. No./ITIN No. _____
Home Phone No. _____ Cell No. _____	Other ID No. _____

In case of emergency, please contact (For Police Use)
PLEASE LIST ONLY THE PEOPLE WHO ARE ABLE TO RESPOND, WITH A KEY, WITHIN 30 MINUTES

Contact Name _____	Phone No. _____
Address _____	Cell No. _____

Alarm Company, if applicable (attach additional sheet, if necessary)

Alarm Company Name _____	Alarm Permit No. _____
Address _____	Phone No. _____
Maintained By Alarm Company <input type="checkbox"/> Yes <input type="checkbox"/> No Installation Date _____	Alarm Type <input type="checkbox"/> A - Audible <input type="checkbox"/> S-Silent

<input type="checkbox"/> Property Owner <input type="checkbox"/> Property Mgmt. Information, if applicable Name _____ Address _____ Phone No. _____	Leaseholder Information, if applicable Name _____ Address _____ Phone No. _____
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THIS BUSINESS LICENSE IS FOR REVENUE PURPOSES ONLY AND DOES NOT IMPLY CONFORMANCE WITH APPLICABLE CITY CODES AND ORDINANCES. YOU ARE REQUIRED TO CHECK YOUR PROPOSED BUSINESS LOCATION AND STRUCTURE WITH THE CITY PLANNING DEPARTMENT FOR COMPLIANCE WITH ZONING CODES. THIS BUSINESS LICENSE MUST BE RENEWED ANNUALLY AND POSTED IN A CONSPICUOUS PLACE.

I DECLARE UNDER PENALTY OF PERJURY THAT TO THE BEST OF MY KNOWLEDGE, ALL INFORMATION CONTAINED ON THIS APPLICATION IS TRUE AND

Signature of Owner or Representative: _____ Date: _____

Title: _____

RETURN APPLICATION TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO CITY OF CONCORD.

SERVICE OF PROCESS ADDRESS, PURSUANT TO AB 2184 - AVAILABLE FOR PUBLIC INSPECTION

If you wish to protect your residential address with a different service of process address, please provide it here.
NOTE - if your service of process address is a post office box or private mailbox, it must comply with paragraph (2) of subdivision (b) of Section 17538.5 of the California Business and Professions Code.

Service of Process Address _____

Residential Address to protect Business Location Mailing Address Owner/Partner/Officer Address

BUSINESS LICENSE TAX CALCULATION (Cont'd)

Choose **one** of the following according to your business type. (Refer to Schedule of Business License Taxes for tax amount.)

CLASS CODES:

0. Gross Receipts (Estimate for first year.) \$ _____	\$	
Number of Employees _____ (For Information Only)		
1. Manufacturers (Number of Employees)	\$	1.
2. Professionals _____ Assoc. _____ Employees _____	\$	2.
3. Apartments (Number of Apartments) _____	\$	3.
4. Services and Public Utilities (Number of Employees) _____	\$	4.
5. Contractors (in town use annual Concord gross receipts) \$ _____ (out of town use job value) \$ _____	\$	5.
6. Delivery	\$	6.
7. Amusement: Bowling Alleys Number of Alleys _____	\$	7.
Dance Halls; Night Clubs	\$	
Pool Tables Number of Tables _____	\$	
8. Flat Rate: Auctioneers	\$	8.
Solicitors	\$	
Peddlers	\$	
Itinerant Merchant	\$	
Craft Fair	\$	
9. Class Code: Non-Profit	\$	
Administrative Fee	\$	22.00
State CASp Fee	\$	4.00
Total - PAY THIS AMOUNT	\$	

NOTICE: 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 - The Department of Rehabilitation at www.dor.ca.gov - The California Commission on Disability Access at www.cdda.ca.gov.

ENFORCEMENT PROVISIONS IN CONCORD MUNICIPAL CODE

Penalty for Violation. Any person violating any of the provisions of Chapter 18, Article II of the Concord Municipal Code or knowingly or intentionally misrepresenting to any officer or employee of the City any material fact in procuring the license or permit herein provided for shall be deemed guilty of an infraction Concord Municipal code Section 18-33.

PEDDLERS AND SOLICITORS

All peddlers, vendors and solicitors must carry on his person or display conspicuously the Business License, Encroachment Permit or Use Permit required by Municipal Code (**Section 90-103 (f)(6)**)

