



**BUSINESS LICENSE APPLICATION**  
**CITY OF CRESCENT CITY**  
 377 J STREET  
 CRESCENT CITY, CA 95531  
 PH: 707-464-7483 FAX: 707-465-4405  
[www.crescentcity.org](http://www.crescentcity.org)

Application for:

- New Business  
 Change of Ownership  
 Change of Business Location  
 Change of Business Name  
 Add/Change Business Description

**BUSINESS INFORMATION**

**IMPORTANT:** This application is for those with a physical location, in which they conduct business, within Crescent City's limits. Please use the "non-resident" business license application if this does not apply. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

**Business Name (DBA)** \_\_\_\_\_

This name appears on your business license

**Address/Location** \_\_\_\_\_

Business location must be a physical location within City Limits

**City, State, Zip** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

If different from business location

**City, State, Zip** \_\_\_\_\_

**email address** \_\_\_\_\_

**FAX:** \_\_\_\_\_

**Phone #1** \_\_\_\_\_

**Phone #2** \_\_\_\_\_

**Business Start Date\*** \_\_\_\_\_

\*start date implies the date this business license is to become effective

**Business activity must be described in detail:**

Is your business run out of your home?  Yes  No (check one)

If YES, will there be employees or customers in your home?  Yes  No (check one)

Does your business involve preparation of food or beverages?  Yes  No (check one)

\*If YES, you must provide an approved health certificate which can be acquired through the County Health Dept

**OWNERSHIP INFORMATION**

**Business Ownership Type:**

- Corporation  
 Partnership  
 Sole Proprietor  
 Limited Liability Company  
 Other: (describe) \_\_\_\_\_

**1st Owner Name** \_\_\_\_\_

or Corporate Name

**2nd Owner Name** \_\_\_\_\_

**Additional Owners** \_\_\_\_\_

Owner is a Veteran

Organization is Non-Profit

If you have checked either box please provide a copy of your DD Form 214 or your proof of non-profit status to have fees waived.

**Number of Positions** including Owner (use full-time equivalents\*) \_\_\_\_\_

\*full-time equivalents allows each employee up to 2080 work hours per year

**FINANCE DEPARTMENT USE ONLY**

**BUSINESS LICENSE #** \_\_\_\_\_

**CUSTOMER #** \_\_\_\_\_

Exempt \_\_\_\_\_

Annual \_\_\_\_\_

Pro-rated \_\_\_\_\_

Period, if pro-rated \_\_\_\_\_

Class \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

From \_\_\_\_\_

# of Employees \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

To \_\_\_\_\_

SB1186 \_\_\_\_\_

\$ 4.00

\$ 4.00

Non-resident \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

TOTAL \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

SB1186 is a \$4.00 annual fee not subject to pro-ration.

Receipt No \_\_\_\_\_

Receipt Date \_\_\_\_\_

Date Invoiced for initial fees: \_\_\_\_\_

If you checked any of the following boxes, additional information may be required:

- My business will involve the sale of second hand property.
- My business will involve the sale of firearms.
- My business will involve the operation of a card room.
- My business will involve auctions.

If any of these conditions apply, please contact the Planning Department at (707)464-7483 ext. 226 to determine what additional information and/or requirements may have to be provided and/or met.

Identification Numbers (at least one identification number must be provided):

Social Security Number (SSN) - if sole proprietorship without FEIN	
Federal Employer (FEIN)	
Board of Equalization - Sellers Permit (if applicable)	
Contractor's License Number (if applicable)	
Other License Number	
Type	
License Number	
Expiration Date	

**WORKERS' COMPENSATION DECLARATION-MUST BE SIGNED & COMPLETED**

Check applicable box and sign declaration:

I hereby affirm, under penalty of perjury, one of the following declarations:

- I have and will maintain a certificate of consent to self-insure for workers' compensation as provided by Section 3700 of the Labor Code for the duration of any business activities conducted for which this license is issued.
- I have and will maintain workers' compensation insurance as required by Section 3700 of the Labor Code.

Policy Number: \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_

- I certify that in the performance of any business activities for which this license is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of the State of California. I agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with the provisions of Section 3700.

**Name, Printed** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**CERTIFICATION-MUST BE SIGNED & COMPLETED**

I, the undersigned, in applying for a business license from the City of Crescent City, Certify under penalty of perjury that the information included with this application is true and accurate. I also understand that issuance of a City business license does not authorize a person to conduct an unlawful business or to conduct a business that is not in compliance with all other rules, regulations and statutes of the State of Local governments.

<b>Name, Printed</b> _____	<b>Title</b> _____
<b>Signature</b> _____	<b>Date</b> _____

**SB1186**

On September 19, 2012 Governor Brown signed into law SB-1186 which adds a state fee of \$4 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 businesses in order to facilitate compliance with federal and state disability laws, as specified.

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](http://www.dgs.ca.gov/dsa/Home.aspx)
- The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov)
- The California Commission on Disability Access at [www.ccda.ca.gov](http://www.ccda.ca.gov)

**PLEASE COMPLETE THE FOLLOWING INFORMATION TO THE BEST OF YOUR ABILITY**

**ZONING INFORMATION**

What zone is this business in? \_\_\_\_\_

Is this business allowed in this zone?  NO  YES, no permit required  YES, with a permit

What is permit application status? \_\_\_\_\_

Is this business in the Coastal Zone?  NO  YES

If yes, what actions are required? \_\_\_\_\_

**REQUIRED PARKING**

City parking requirements are based on the gross floor size or lot area of your business. If you have questions, contact the Planning Department at (707)464-7483 ext 226 to determine the number, size and type of spaces needed.

Floor area of your business: \_\_\_\_\_ square feet

Total number of off-street parking spaces provided exclusively for your business: \_\_\_\_\_

Condition -- Paved  Striped  Gravel  Other \_\_\_\_\_

**SIGN PERMITS**

Most new businesses will need new signs, and new signs require a sign permit. Check with the Planning Department at (707)464-7483 ext 226 for specific requirements and to obtain Sign Permits.

**HAZARDOUS MATERIALS INFORMATION**

If any of the following equipment or material is required for the proposed use, please indicate size, type and amount:

Acid	_____	Flammables	_____
Chemical solvents	_____	Parts washer	_____
Clarifier	_____	Spray booth or painting	_____
Explosives	_____	Equipment requiring	_____
Grease trap	_____	cooling water	_____

Comments or information: \_\_\_\_\_

**GENERAL INFORMATION**

Please indicate whether this is: change of use , newly constructed building , change of business occupant , additional occupant , or change of ownership . Former use, if known: \_\_\_\_\_.

Are any modifications to the building needed? Outside  Inside  Estimated cost \_\_\_\_\_

Comments, if any \_\_\_\_\_

Are entry and toilet facilities Handicapped Accessible?  Yes  No

Type of Sewer Account: Light Commercial , Heavy Commercial , Residential ,

Pretreatment Program Required:  Yes  No

Property has multiple units intended to rent out as my business(ex: motel)  Yes  No If yes, how many units? \_\_\_\_\_

**CITY USE ONLY**

			APN	_____
Planning Department approved?	Yes	No	Signed:	_____
Building Department approved?	Yes	No	Signed:	_____
Fire Department approved?	Yes	No	Signed:	_____
Health Certificate Received? (if applicable)	Yes	No	Signed:	_____

Notes:

Keep this page for your information and use

## BUSINESS LICENSE APPROVALS CHECKLIST

SOME APPROVALS MAY NOT BE NECESSARY IF BUSINESS IS LOCATED IN YOUR HOME (INQUIRE AT TIME OF FILING APPLICATION)

**City of Crescent City**  
**377 J Street**  
**Crescent City, CA 95531**  
**(707)464-7483 EXT 221**  
[www.crescentcity.org](http://www.crescentcity.org)

This contact information may be needed for you to successfully receive all necessary approvals to obtain your business license. Please allow at least one business day after filing your application before contacting these departments to schedule inspections, etc. Once all approvals are submitted to the Account Clerk by the departments listed below an invoice will be mailed to you and once paid a license will be issued to you.

### Planning

All Business Licenses require the approval of the Planning Department. Most Planning approvals are made internally and do not need to be scheduled. If there are any further inspections needed, the planning department will contact you. If you have questions, please direct them to (707)464-7483 EXT 226

### Mandatory Inspections

#### **BUILDING---(707)464-7483 EXT 228**

The building department will require an inspection of your place of business to determine if all building requirements have been met. You may call and schedule this inspection.

My Notes:

#### **FIRE---(707)464-2421**

The fire department will require an inspection of your place of business when the location is ready for normal business operation to begin. You may call to schedule your inspection once your location is business ready.

My Notes:

### Important Information for the Business License Applicant:

Upon completion of the business license application process (including completion of any necessary approvals) you will receive an invoice for any fees applicable. Fees are prorated quarterly. If your start date is mid fiscal year your initial fees will be prorated accordingly. **You will not receive your business license until those fees are paid in full.**

Any invoice that is not paid by the due date is subject to a 10% penalty each month for up to 50% of the total of the business license fees owed. Following the penalties if such fees are still delinquent you may be subject to an **administrative citation**. It is important that you keep in contact with our office if there are any changes which prevent you from paying.

Business licenses are renewed annually and expire June 30th each year. You will automatically receive a renewal invoice in the mail. Do not ignore this invoice if you have ceased business and do not plan to renew for the upcoming fiscal year.

**It is the responsibility of the business owner to notify the City of Crescent City of the cease of your business.**

If there are any changes to your business such as:

- Location of Business
- Number of Employees
- Business Owner
- Business Name
- Mailing Address/ Contact Information
- If no longer doing business within our City Limits

**It is your responsibility to notify the City of Crescent City's Business License Department of any such change as soon as possible.**

## DISABILITY ACCESS REQUIREMENTS AND RESOURCES

### **NOTICE TO APPLICANTS FOR BUSINESS LICENSES AND COMMERCIAL BUILDING PERMITS:**

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:

DEPARTMENT OF  
GENERALSERVICES,  
Division of the State  
Architect, CASp Program

[www.dgs.ca.gov/dsa](http://www.dgs.ca.gov/dsa)

[www.dgs.ca.gov/casp](http://www.dgs.ca.gov/casp)

DEPARTMENT OF  
REHABILITATION  
Disability Access Services

[www.dor.ca.gov](http://www.dor.ca.gov)

[www.rehab.cahwnet.gov/](http://www.rehab.cahwnet.gov/)

[disabilityaccessinfo](http://disabilityaccessinfo)

DEPARTMENT OF  
GENERALSERVICES,  
California Commission on  
Disability Access

[www.cdda.ca.gov](http://www.cdda.ca.gov)

[www.cdda.ca.gov/resources-menu/](http://www.cdda.ca.gov/resources-menu/)

### **CERTIFIED ACCESS SPECIALIST INSPECTION SERVICES**

Compliance with state and federal construction-related accessibility standards ensures that public places are accessible and available to individuals with disabilities. Whether your business is moving into a newly constructed facility or you are planning an alteration to your current facility, by engaging the services of a Certified Access Specialist (CASp) early in this process you will benefit from the advantages of compliance and under the Construction-Related Accessibility Standards Compliance Act (CRASCA, Civil Code 55.51-55.545), also benefit from legal protections.

Although your new facility may have already been permitted and approved by the building department, it is important to obtain CASp inspection services after your move-in because unintended access barriers and violations can be created, for example, placing your furniture and equipment in areas required to be maintained clear of obstructions. For planned alterations, a CASp can provide plan review of your improvement plans and an access compliance evaluation of the public accommodation areas of your facility that may not be part of the alteration.

A CASp is a professional who has been certified by the State of California to have specialized knowledge regarding the applicability of accessibility standards. CASp inspection reports prepared according to CRASCA entitle business and facility owners to specific legal benefits, in the event that a construction-related accessibility claim is filed against them.

To find a CASp, visit [www.apps2.dgs.ca.gov/DSA/casp/casp\\_certified\\_list.aspx](http://www.apps2.dgs.ca.gov/DSA/casp/casp_certified_list.aspx).

## DISABILITY ACCESS REQUIREMENTS AND RESOURCES

### GOVERNMENT TAX CREDITS, TAX DEDUCTIONS AND FINANCING

State and federal programs to assist businesses with access compliance and access expenditures are available:

#### **Disabled Access Credit for Eligible Small Businesses**

FEDERAL TAX CREDIT—Internal Revenue Code Section 44 provides a federal tax credit for small businesses that incur expenditures for the purpose of providing access to persons with disabilities. For more information, refer to Internal Revenue Service (IRS) Form 8826: Disabled Access Credit at [www.irs.gov](http://www.irs.gov).

STATE TAX CREDIT—Revenue and Taxation Code Sections 17053.42 and 23642 provide a state tax credit similar to the federal Disabled Access Credit, with exceptions. For more information, refer to Franchise Tax Board (FTB) Form 3548: Disabled Access Credit for Eligible Small Businesses at [www.ftb.ca.gov](http://www.ftb.ca.gov).

#### **Architectural and Transportation Barrier Removal Deduction**

FEDERAL TAX DEDUCTION—Internal Revenue Code Section 190 allows businesses of all sizes to claim an annual deduction for qualified expenses incurred to remove physical, structural and transportation barriers for persons with disabilities. For more information, refer to IRS Publication 535: Business Expenses at [www.irs.gov](http://www.irs.gov).

#### **California Capital Access Financing Program**

STATE FINANCE OPTION—The California Capital Access Program (CalCAP) Americans with Disabilities Act (CalCAP/ADA) financing program assists small businesses with financing the costs to alter or retrofit existing small business facilities to comply with the requirements of the federal ADA. Learn more at [www.treasurer.ca.gov/cpcfca/calcap/](http://www.treasurer.ca.gov/cpcfca/calcap/).

### FEDERAL AND STATE LEGAL REQUIREMENTS ON ACCESSIBILITY FOR INDIVIDUALS WITH DISABILITIES

AMERICANS WITH DISABILITIES ACT OF 1990 (ADA) —The ADA is a federal civil rights law that prohibits discrimination against individuals with disabilities, and requires all public accommodations and commercial facilities to be accessible to individuals with disabilities. Learn more at [www.ada.gov](http://www.ada.gov).

CALIFORNIA BUILDING CODE (CBC)—The CBC contains the construction-related accessibility provisions that are the standards for compliant construction. A facility's compliance is based on the version of the CBC in place at the time of construction or alteration. Learn more at [www.bsc.ca.gov](http://www.bsc.ca.gov).