



BUSINESS LICENSE APPLICATION

305 N Mt. Shasta Blvd • Mt. Shasta, CA 96067
(530) 926-7510 • FAX (530) 926-7521 www.mtshastaca.gov

City Staff will Complete

Fees Paid: \$ _____

Date: _____

Initial: _____

CR #: _____

Please mark one: ☐ New Business ☐ Change of Ownership ☐ Change of Business Location
☐ Change of Business Name ☐ Add/Change Business Description ☐ Other please explain _____

Business Start Date (in Mt. Shasta): _____ Business Phone #: _____

Business Name: _____

Business Location: _____

Business Mailing Address (If Different): _____

Type of Business: Corporation: ☐ Ltd. Liability Corp. ☐ Partnership: ☐ Sole: ☐ Other: _____ Please explain

Non-Profit Status with IRS: Yes: ☐ No: ☐ **Must provide proof of Non-Profit Status with application**

Social Security # or Federal Tax ID #: _____ Driver's License #: _____ State: _____

Email Address: _____

Personal/Cell Phone #: _____ CA Dept. of Tax & Fee Admin – Seller Permit #: _____

Description of Business: _____

Business Owners Names: _____

If a Corporation, LLC or Partnership list principal parties: _____

Number of **local** Full-Time Employees: _____ Part-Time: _____

Restaurants - Number of Seats: _____ **Hotel/Motel/Rentals** – Number of Rooms/Units: _____

CA Contractor's License: _____ Worker's Compensation Policy No. _____

Is your business located in the downtown Parking District? ☐ Yes ☐ No (see Parking District information)

If **YES**, please fill out the Parking District Information portion of this application.

Does your business involve preparation or selling of food or beverages? ☐ Yes ☐ No

If **YES**, you must provide an approved health certificate which can be acquired through the Siskiyou County Health Department.

Is your business run out of your home in Mt. Shasta? ☐ Yes ☐ No

If **YES**, a home occupation permit is required from the Planning Department before a business license can be issued.

Senate Bill No. 205: Stormwater Discharge Compliance

Existing law requires the State Water Resources Control Board and the California Regional Water Quality Control Boards to prescribe waste discharge requirements for the discharge of storm water by municipalities. Municipalities are required to inquire if industrial businesses within their jurisdictions have the appropriate stormwater discharge permits. To comply with this State regulation, please enter your business SIC Code below and answer the applicable questions.

For mor information visit:

https://www.waterboards.ca.gov/water_issues/programs/stormwater/sb_205_business_license_requirements.html

Business SIC (Standard Industrial Classification) Code: _____

SIC codes required to provide a permit number: 0211-0272 • 20XX-39XX • 4221-4225 • 10XX-14XX • 4953 • 5015 • 5093 • 4911 • 40XX-45XX • 5171 • 4952

Is your SIC code listed above? ☐ Yes ☐ No

If **YES**, please provide one of the permit numbers listed below:

Waste Water Discharger Identification (WDID) #: _____ No Exposure Certification (NEC) #: _____

Notice of Non-Applicability (NONA) #: _____

This information is subject to disclosure pursuant to the California Public Records Act

I understand and acknowledge that issuance of a City business license may require proof of authorization from other agencies and 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 federal, state and county governments and City of Mt. Shasta. I, the undersigned, certify under penalty of perjury that the information included with this application is true and correct.

I declare my name is _____ and that this was executed on _____.
(PRINT NAME) (DATE)

(SIGNATURE)

Notice under federal and state law, compliance with disability access law 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 of Disability Access at www.ccda.ca.gov

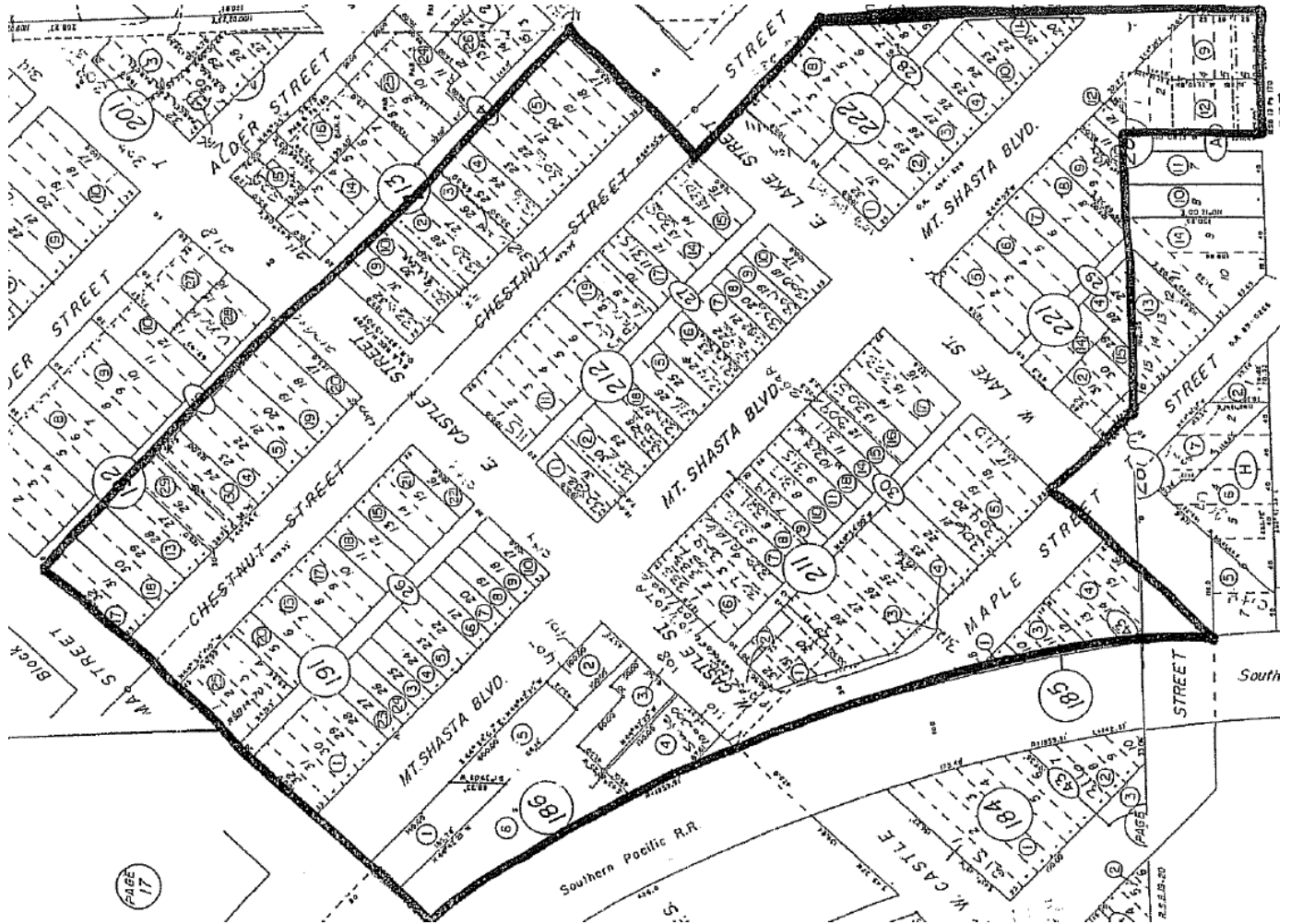
Business License Fee _____ This fee includes State Mandated Disability Access & Education Revolving Fund Fee of \$1.00.
Fee schedule attached

Other permits may apply depending on type of business Sign Permits are required before installing any sign

**Building Permits are required if any structural changes are being made
(Fees, fines & penalties may apply with failure to comply)**

Parking District Information (only if applicable)

PARKING DISTRICT BOUNDARIES



If your business is located within the parking district, please include gross square footage of your business and the number of paved parking spaces available.

Gross SQ. FT of business: _____ Privately owned **paved** parking spaces: _____

Note: Do not include city street parking spaces, dirt or gravel spaces or spaces assigned to other businesses or apartments/rentals in a shared private lot.

Business owner/agent

I certify that the above information is true and correct to the best of my knowledge.

Printed Name	Title
Signature	Date

City of Mt. Shasta Business License Fees

A state fee of \$1 will be added to all Business Licenses, as part of SB 1186. This \$1 fee is for the Certified Access Specialist program (CASP), which is designed to improve Americans with Disabilities Act compliance.

Business License Fee Types & Fees

Fee Type	Fee
Standard/Outside City Limits	\$85 annually plus DAE
Hotels	\$60 up to 5 rooms, any additional rooms are \$3.60 each annually. Plus DAE
Motels & RV Parks	\$60 up to 5 rooms, any additional rooms are \$6.00 each annually. Plus DAE
Residence Rentals & Apartments (4 or more units/apartments or residential rentals)	\$48 annually, any additional rental units/Residences \$12.00 each annually. Plus DAE
Peddlers/Vendors/Solicitors	\$15 per day or \$135 per quarter. Plus DAE (Other restrictions apply)
Short-term Rentals	\$85 annually plus DAE

Additional Fee Types & Fees

Fee Type	Fee
Snow Removal (Downtown sidewalk district only)	\$12 Annually
DAE	\$4 Annually
Partners	\$12 per partner (Excludes corporate officers and spouses)
Employees	\$12 each full-time employee (owners & spouses are exempt) \$ 6 each part-time employee (owners & spouses are exempt)
Home Occupation Permit	\$124.87 per address Any business operated out of a home located in a residential zone, must first obtain a Home Occupation Permit.
Parking District Only	\$18 Per parking space required. (Credit is given for each privately owned paved parking space)

NOTE: Fees are not all inclusive to this list. Please contact City Hall for the fee structure specific to your business type, square footage and location.

ADDITIONAL INFORMATION:

Fictitious Name Statement – If your business name will not include your legal first and last name, you will need to obtain a Fictitious Name Statement from the Siskiyou County Clerk's Office located in Yreka, CA. (530) 842-8084. A copy of your filed document must be provided when submitting your application for a City license.

Federal Tax ID Number – Required for reporting Federal Income Tax. Contact the IRS at (800) TAX-1040 or www.irs.gov In some cases, your social security number will be sufficient.

State Sales Tax Resale Permit Number – If your business will be a retail sales business, you need to apply for a Sellers Permit through the State Board of Equalization at (800) 400-7115 or (530) 224-4729 or www.boe.ca.gov

MOUNT SHASTA POLICE DEPARTMENT
EMERGENCY CONTACT FILE INFORMATION
(Only applicable if your business is located within the city limits of Mt. Shasta)

Name of Business	Physical Address	Mailing Address
Nature of Business:		
On-Site Phone:		Comment:
On-Site Phone:		Comment:
Email of Business		
Alarm Company		Type: Audible / Silent

Please note anything of importance regarding phone numbers (i.e. fax, unlisted, etc)

On occasion Mt Shasta Police Department will send out emails regarding possible crimes that may be occurring that could affect your business (bad checks being passed, counterfeit money, shoplifting).

If you would like to be included in the email, please be sure to list email address above.

Contact Information

	First Name	Last Name	Phone	Role in Business
#1				
#2				
#3				
#4				

Health Department Information

Approval is required for all the following types of facilities or activities by the Siskiyou County Health Department. If your business will be engaged in any of the following activities, contact the Siskiyou County Health Department at 806 Main Street in Yreka California (530) 841-2100 prior to opening to the public. The Health Department will advise you if approval is required by the Mt. Shasta City Fire Department.

<p><u>Food Service:</u> Any facilities or activities whereby food is sold or given away <i>Note: New facilities and those being modified will require a plan check-contact the Health Department for details.</i></p>	<p>Bakery • Bars • Bed and Breakfast • Espresso or Food Carts • Farmers Market • Flea market • Fair • Bazaar (where food is sold) • Gym/Fitness center w/snack bar • Markets • Juice Bar • Mobile food preparation unit (ice cream truck, hotdog cart, taco truck, etc.) • Motel with continental breakfast • Open air Bar-B-Q • Restaurants • Any other food related business</p>
<p><u>Recreational Health:</u> Any swimming pool, spa or wading pool open to the public <i>Note: New facilities and those being modified will require a plan check-contact the Health Department for details.</i></p>	<p>Bed and breakfast • Fitness Center • Motel • Organized Camp • Physical Therapy • Resort • Special use Pool or Spa • Swimming Pool • Water theme parks</p>
<p><u>Medical Waste:</u> <i>Note: New facilities and those being modified will require a plan check-contact the Health Department for details.</i></p>	<p>Acupuncturist • Dental Office • Generate medical waste & sharps • Healing Arts, Home Health Agency • Medical Office • Pharmacy • Physical Therapy Office • Residential Care Facility • Tattoo Shop</p>
<p><u>Organized Camp:</u> <i>Note: New facilities and those being modified will require a plan check-contact the Health Department for details</i></p>	<p><i>A site with program and facilities established for the primary purpose of providing an outdoor group living experience with social, spiritual educational or recreational objectives.</i></p>
<p><u>Solid Waste:</u> <i>Note: New facilities and those being modified will require a plan check-contact the Health Department for details.</i></p>	<p>Any facility proposing to process, manage or dispose of garbage, trash, refuse or green wastes. • • Composting Facility/Operation • Garbage/Trash Transfer Station</p>
<p><u>Hazardous Materials:</u> <i>Note: New facilities and those being modified will require a plan check-contact the Health Department for details.</i></p>	<p>Any Facility that generates, handles, or stores a hazardous waste. • Any Facility that handles or stores hazardous materials in quantities equal to or greater than 55 gallons, 500 lbs. or 200 cubic feet of a compressed gas. • Any facility that treats a hazardous waste • Automotive Fueling Station • Auto Parts Stores-compressed gases • Automotive/Truck Auto Body Repair • Automotive/Truck Radiator Shop • Automotive/Truck Repair • Automotive/Truck Transmission Shop • Communication Center (cellular phone remote sites) • Bulk Fuel Supplies • Contractor Yard • Dry cleaners • Furniture/Cabinet/Janitorial Supplies • Industrial Cleaners/Janitorial Supplies • Lumbermill • Maintenance Yard • Manufacturing • Oil Change Facility • Pesticide Applicator, Operator, Supplier, etc. • Photo Processing • Propane Fueling Station • Propane Storage and Fueling Operation (even if used for heating of the building) • Water Bottling Facility • Welding Shop-Mobile and Fixed Facilities</p>

Tax Information

Now that you have your own business, you have different tax requirements. As a small business owner, you may be required to file the following:

Federal Taxes	Report to	State Taxes	Report to
On your Income	The Internal Revenue Service Form 1040, U.S. Individual Income Tax Return With Schedule C, Profit or loss from business or Schedule C-EZ, Net Profit from Business and Schedule SE, Self-Employment Tax-Social Security/Medicare Tax for the Business Owner	On your income	The Franchise Tax Board Form 540, California Resident Income Tax Return or Form 540NR, California Nonresident or Part-year Resident Income Tax Return
If you have Employees	The Internal Revenue Service Form 941, Employer's Quarterly Tax Return Form W-2, Wage and Tax Statement Form W-3, Transmitted of wage and Tax Statements and Form 940, FUTA Annual Tax Return	If you have Employees	The Employment Development Department Form DE 6, Quarterly Wage and Withholding Report, Form DE 88, Payroll Tax Deposit coupon and Form DE 7, Annual Reconciliation Statement
If you sell Merchandise	There is no federal sales tax. The Internal Revenue Service administers all Federal taxes except Alcohol, Tobacco and Customs Duties. For information on other Programs, contact the IRS at the toll-free Number or the Internal address listed on the back Of this booklet.	If you sell Merchandise	The State Board of Equalization Form BOE-401A, State, Local, And District Sales and Use Tax Return or BOE-401EZ, Short Form – Sales and Use Tax Return The State Board of Equalization also administers a number of Excise, Fuel, and Environmental Tax and Fee Programs. For information on these other programs, please contact the State Board of Equalization at the toll-free number or Internet Address listed on the back of this booklet.