

CITY OF MT. SHASTA
305 N. Mt. Shasta Boulevard, Mt. Shasta, California 96067
(530) 926-7510

BUSINESS LICENSE APPLICATION

- Regular Business License Daily License (\$19/day or \$139/qtr) Peddler/Solicitor
- Seasonal/Quarterly ~licensed contractors only _____ Door to Door _____ Fixed Mobile _____ Mobile
Specify months of operation _____
- Non-Profit Organization Other (specify) _____
(501c3 required)

NAME OF BUSINESS: _____

NAME OF BUSINESS OWNERS: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT): _____

EMAIL ADDRESS _____

BUSINESS TELEPHONE: _____ PERSONAL/CELL PHONE: _____

TYPE OF BUSINESS: _____

WHOLESALE () RETAIL () PERSONAL SERVICES ()
FOOD SERVICE () # OF SEATS _____ MOTEL/HOTEL () # OF ROOMS _____
RENTALS () # OF RENTAL UNITS _____ OTHER () specify _____

SQ. FT. OF BUSINESS FLOOR (parking district only-see map): _____

NUMBER OF ON-SITE PAVED PARKING SPACES (parking district only-see map): _____

NO. OF LOCAL FULL-TIME EMPLOYEES: _____ PART-TIME: _____

FEDERAL TAX ID OR SOCIAL SECURITY NO: _____

OWNER'S DRIVERS LICENSE NO.: _____ ISSUING STATE _____ EXPIRES: _____

State Board Sellers Permit No.: _____ State Contractors License No.: _____

Are any signs or banners anticipated _____ yes* _____ no *If yes, you are required to obtain a sign permit. If you fail to do so, you may be subject to fines & penalties.

Issuance of a business license is intended solely as evidence that the required tax has been paid, and does not indicate approval to operate said business if Planning, Health, or Building Department approvals are required for the proposed operations and/or location. No refunds will be made if denial of such approvals prevents the business from operation, so those departments should be contacted before remitting license fees.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF BUSINESS OWNER: _____

OFFICE USE ONLY

HOME OCC. REQ. _____ APPROVED: _____

ACCT NO: _____ Date Received/Opened: _____ Receipt # _____ Amt Paid \$ _____ +4.00 DAE

SNOW _____ PARK DIST _____ CLASS DETAILS _____

(PLEASE SEE REVERSE FOR INSTRUCTIONS AND APPROVAL REQUIREMENTS)

INSTRUCTIONS

If your business is located in the downtown Mt. Shasta area you will be required to pay parking fees and snow removal fees. Please see attached maps for designated areas.

Planning Department clearance is required if you are installing or changing any signage, or you are modifying the facility or changing the type of the facility. If you are going to be conducting your business out of your home, you are required to have a Home Occupational Use Permit along with a City Business License. The planning Department will assist you in determining requirements, prior to that department's approval of your application.

Are any signs or changes anticipated? Yes ____ No ____

Will you be operating your business out of your home? Yes ____ No ____

*If yes, a home occupation permit will be required. Please ask for a Home Occupation Permit Application at City Hall prior to submitting your license.

Are any changes anticipated to the structure? Yes ____ No ____

Building Department clearance is required if you are making any modifications to the facility in which you are operating, or it is a change in the type of use previously at that facility. If yes, please contact City Hall for Building Permit requirements and for the application.

If your business name is going to be anything other than your name, you will need to obtain a fictitious Name statement through the Siskiyou County Clerks Office located at 311 4th St. Yreka, CA.
(530) 842-8084.

Other information:

All businesses need a Federal Tax I.D. number. This is required for reporting Federal Income Tax. You will need to contact the Internal Revenue Service at (800) TAX-1040, or by website at www.irs.gov.

All businesses need a report State Income Tax. You will need to contact the Franchise Tax Board at (800) 852-5711, or by website at www.ftb.gov.

If you will be in the retail industry, you will need to pay Sales Tax. To obtain a Seller's Permit, you need to contact the State Board of Equalization at (800) 400-7115, or by website at www.boe.ca.gov.

Attached is a list of business types that require Health Department approval. Please check the list, if your business type is listed, please contact the Health Department at 806 S. Main St. Yreka, CA
(530) 841-4040.

**MOUNT SHASTA POLICE DEPARTMENT
EMERGENCY CONTACT FILE INFORMATION**

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	Cell	Role in Business
#1					
#2					
#3					
#4					

**CITY OF MT SHASTA
ANNUAL BUSINESS LICENSE FEES**

License Fee	\$85.00 annually
Hotels	\$60.00 up to 5 rooms, any additional rooms are \$3.60 each annually.
Motels and RV Parks	\$60.00 up to 5 rooms, any additional rooms are \$6.00 each annually.
Residence Rentals & Apartments *	\$48.00 annually, any additional rental units/Residences \$12.00 each annually.
Peddlers/Vendors/Solicitors **	\$15.00 per day or \$135.00 per quarter
Partners ***	\$12.00 per partner
Employees	\$12.00 each full time employee (owners & spouses are exempt) \$ 6.00 each part time employee (owners & spouses are exempt)

* Minimum of 4 units. A business license is not required for apartment buildings with less than 4 units or landlords with less than 4 residential rentals.

** Other restrictions apply

*** Does not include corporate officers or spouses

DAE Fee: \$ 4.00 Annually

On September 19, 2012, Governor Brown signed into law SB-1186, which adds a state fee of \$1.00 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. The statute was recently amended by AB-1379, increasing fee to \$4.00 from 1/1/2018 through 12/31/2023. After that, the fee reverts back to \$1.00.

Snow Removal Fees: \$12.00 Annually

Applies to businesses in the downtown sidewalk snow removal district only

Parking District Fees:

Applies to businesses in downtown parking district
(See Map on reverse)

These fees are based on type, location & square footage of business. Approximately \$.09 per sq ft for retail business & \$.06 per sq ft for all other businesses (Credit is given for each privately owned Paved parking space)

Home Occupation Permit: Any business operated out of a home located in a residential zone, must first obtain a Home Occupation Permit. Applications are available at City Hall and fees range from \$80.00 - \$345.00 based on type of business, traffic, and other factors involved.

NOTE: Fees are not all inclusive to this list. Please contact City Hall for the fee structure specific to your particular 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 Clerks Office located in Yreka, CA. (530) 842-8-084. 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

HEALTH DEPARTMENT WORK SHEET

Approval is required for all of 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.

Food Service: Any facilities or activities whereby food is sold or given away.

Note: New facilities and those being modified will require a plan check-contact the Health Department for details.

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

Recreational Health: Any swimming pool, spa or wading pool open to the public.

Note: New facilities and those being modified will require a plan check-contact the Health Department for details.

Bed and breakfast

Fitness Center

Motel

Organized Camp

Physical Therapy

Resort

Special use Pool or Spa

Swimming Pool

Water theme parks

Medical Waste:

Note: New facilities and those being modified will require a plan check-contact the Health Department for details.

Acupuncturist

Dental Office

Generate medical waste, sharps

Healing Arts

Home Health Agency

Medical Office

Pharmacy

Physical Therapy Office

Residential Care Facility

Tattoo Shop

Organized Camp:

Note: New facilities and those being modified will require a plan check-contact the Health Department for details.

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.

Solid Waste:

Note: New facilities and those being modified will require a plan check-contact the Health Department for details.

Any facility proposing to process, manage or dispose of garbage, trash, refuse or green wastes

Composting Facility/Operation

Garbage/Trash Transfer Station

Hazardous Materials:

Note: New facilities and those being modified will require a plan check-contact the Health Department for details.

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

Now that you have your own business, you have Different tax requirements than you had as an employee. Forms you may have to file as a small business owner in California are:

STATE TAXES

Tax	Report to
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On your Income	The Franchise Tax Board Form 540, <i>California Resident Income Tax Return</i> or Form 540NR, <i>California Nonresident or Part-year Resident Income Tax Return</i>
If you have Employees	The Employment Development Department Form DE 6, <i>Quarterly Wage and Withholding Report</i> , Form DE 88, <i>Payroll Tax Deposit coupon</i> and Form DE 7, <i>Annual Reconciliation Statement</i>
If you sell merchandise	The State Board of Equalization Form BOE-401A, <i>State, Local, And District Sales and Use Tax Return</i> or BOE-401EZ, <i>Short Form – Sales and Use Tax Return</i>

FEDERAL TAXES

Tax	Report to
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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
If you have Employees	The Internal Revenue Service Form 941, <i>Employer's Quarterly Tax Return</i> Form W-2, <i>Wage and Tax Statement</i> Form W-3, <i>Transmitted of wage and Tax Statements</i> and Form 940, FUTA Annual Tax Return
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.

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.

CITY OF MT. SHASTA
PARKING DISTRICT MAP

