



**CITY OF SEBASTOPOL  
APPLICATION FOR BUSINESS LICENSE**

P.O. Box 1776, Sebastopol, CA 95472 (7120 Bodega Av. Sebastopol., CA 95472)  
Phone (707) 823-7863 Fax (707) 823-1135

Business Name: _____		Date business commenced in Sebastopol: _____	
Business Address: (Do Not use P.O. Box) _____ _____ City, _____ State _____ Zip			
Business Mailing Address: _____ City, _____ State _____ Zip			
Business Phone: (    ) _____		Business Fax: (    ) _____	
Email Address: _____			
Description of Business (Please be specific): _____ _____			
Business Owners Name(s): _____			
Home Address: _____ City, _____ State _____ Zip			
Home Phone: (    ) _____		Home Fax: (    ) _____	
Property owner of business location: _____			
Address/phone number of property owner: _____		Signature/Approval of Property Owner: _____	
<b>Other Governmental Requirements:</b>		Ownership Type (Mark One)	
Social Security # (Sole Proprietor): _____		Sole Proprietor <input type="checkbox"/>	
Date Fictitious Business Name Statement Filed: _____		Partnership <input type="checkbox"/>	
Article of Incorporate #: _____ State Incorporated: _____		Limited Partnership <input type="checkbox"/>	
State Employer Identification #: _____		Corporation <input type="checkbox"/>	
State Board of Equalization Sales or Use Tax #: _____		Non-Profit * <input type="checkbox"/>	
		*Provide documentation of non-profit status 501c(3)	
<b>CLASSIFICATION OF BUSINESS (circle one)</b>			
Service	Home Occupation	Special Event **	Theaters
Retail	Taxi	Seasonal/Temporary	Coin Operated Machines
Wholesale	Utility	Rental (Single Family)	Liquidators
Manufacturing	Auctioneers	Rental (Hotel, Apt.,etc.)	Astrologers
Professional	Solicitor	Rental (Duplex,4-Plex,)	Kennel
Number of Employees: Full Time _____ Part Time _____ Temporary _____			

\*\*Farmer market, Festival, Barlow Street Fair, Mobile Vendors

Has there been or will there be any tenant improvements associated with the proposed business? If so, explain:

What was the prior business in the space you plan to occupy? If unknown, please indicate.

Does your business require permits from other agencies?  Yes  No

Sonoma County Health Permit #: \_\_\_\_\_

ABC (Alcohol) or BATF (Firearms) permit #: \_\_\_\_\_

Other permits and/or licenses #: \_\_\_\_\_

Sewer Use Permit (non-residential and industrial uses) \_\_\_\_\_

Does your business store or use hazardous materials or generate hazardous waste?  Yes  No

Out of what type of space does your business operate?  Residential  Commercial  Not Applicable

If residential was marked, do you see clients as part of your business?  Yes  No

Fire alarm?  Yes  No  N/A

Does the building have fire sprinklers?  Yes  No  N/A

If Apartments, # of units: \_\_\_\_\_

If Restaurant, seating capacity: \_\_\_\_\_

If Restaurant, identify required permit(s)#: \_\_\_\_\_

Emergency Contact (after hours) Name & phone: \_\_\_\_\_

*All businesses with employees must have valid current worker's compensation insurance or a certificate of self-insurance. I certify that in the performance of work for which this certificate is issued, I shall not employ any person without having a certificate of self-insurance or valid worker's compensation insurance. \_\_\_\_\_ **Please initial.***

*I understand as a condition of approval for a business license in the City of Sebastopol, I must obtain Planning, Building and Fire clearance prior to the commencement of business in the City. To the best of my knowledge all information is true and correct. PAYMENT OF TAXES AND FEES DOES NOT CONSTITUTE CITY APPROVAL. \_\_\_\_\_ **Please initial.***

*Business Licenses will not be issued until completion of the application review process and payment of the applicable fees and business license tax. \_\_\_\_\_ **Please initial***

*License issued under the business license ordinance are not transferrable to new owners \_\_\_\_\_ **Please initial***

*Business Licenses will be prorated as follows:*

- April 1st – 75% (**\$67.50 plus \$1 State Disability Access Fee**)
- July 1<sup>st</sup> – 50% (**\$45 plus \$1 State Disability Access Fee**)
- October 1<sup>st</sup> – 25% (**\$22.50 plus \$1 State Disability Access Fee**)

*Violation of any provisions of the business license ordinance or knowingly misrepresenting any material fact in procuring a license constitutes a misdemeanor punishable by fine or imprisonment. \_\_\_\_\_ **Please initial***

*The processing time for a business license application is approximately 30 days.*

#### AFFIDAVIT

I declare, under penalty or perjury, that the information given in this application is correct and complete to the best of my knowledge and belief:

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

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

## Office Use Only

**Fee Paid**

<b>BUSINESS LICENSE TAX (See Rate Classification Page)</b>	\$ _____	<input type="checkbox"/>
<b>FINANCE PROCESSING FEE (\$50.00 non-refundable)</b>	\$ _____	<input type="checkbox"/>
<b>PLANNING REVIEW FEE (\$25.00 non-refundable)</b>	\$ _____	<input type="checkbox"/>
<b>FIRE-INSPECTION FEE (Residential \$75.00/Commercial \$125.00 non-refundable)</b>	\$ _____	<input type="checkbox"/>
<b>HOME OCCUPATION PERMIT FEE (\$28.00 non-refundable)</b>	\$ _____	<input type="checkbox"/>
<b>SPECIAL EVENT PERMIT FEE (\$28.00 non-refundable)</b>	\$ _____	<input type="checkbox"/>
<b>CA DISABILITY ACCESS FEE (\$1.00 non-refundable: REQUIRED for all businesses)</b>	\$ _____	<input type="checkbox"/>
<b>TOTAL PAID</b>	\$ _____	

**Failure to pay license when due:**

Annual renewal license is due and payable in advance on January 1st and becomes delinquent 30 days thereafter. Unpaid licenses will be assessed a 25% late penalty per month added after 1<sup>st</sup> day of each month following due date to a maximum of 100%. License will remain active until written request for cancellation is received by Finance Department.

<b>Processed By:</b>		<b>Date:</b>
<b>Department Checked Must Approve or Deny</b>		<b>Authorized Signature and Date</b>
Planning	Approved <input type="checkbox"/> Denied <input type="checkbox"/>	
Building	Approved <input type="checkbox"/> Denied <input type="checkbox"/>	
Fire	Approved <input type="checkbox"/> Denied <input type="checkbox"/>	
Engineering (Sewer Use Permit)	Approved <input type="checkbox"/> Denied <input type="checkbox"/>	
Police (Massage)	Approved <input type="checkbox"/> Denied <input type="checkbox"/>	



**City of Sebastopol  
Formula Business Checklist**

The City of Sebastopol has an ordinance with restrictions on ‘formula’ or ‘chain’ businesses. The intent of the policy is to protect the local economy and unique community character. In most cases, formula businesses are not prohibited, but may be subject to a Use Permit requirement.

Business license applicants are **required** to complete the brief checklist below. City staff may have follow-up questions and will inform you if the proposed business appears to be subject to the formula business ordinance.

BUSINESS NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Please respond to the following questions:

1. Is the business an office, tax preparation service, bank, or credit union?  YES  NO

2. Is the business to be located in any of the following shopping centers?  YES  NO

- Redwood Marketplace (700-800 Gravenstein Highway North)
- Fiesta Shopping Center (500-660 Gravenstein Highway North)
- Gravenstein Square (950-980 Gravenstein Highway South)
- Southpoint Shopping Center (775-801 Gravenstein Highway South)

a. If you answered YES to Question 2, is the business space 10,000 square feet or less in size?

3. Is your business (check applicable category):

- Restaurant
- Office Business
- Hotel or Motel
- Food store
- Retail Store
- Service Business
- Home Business
- Other (please list type)

\_\_\_\_\_

4. Please indicate if the business will include features that may make it substantially similar or identical to 25 or more other businesses in the United States, regardless of ownership or location.  YES  NO

5. If you answered yes to Question 4 above, please indicate if the business will include standardized features as defined in Ordinance 1079, such as the majority of products or services being standardized, similar décor and signs, standard employee uniforms, a standard establishment name, and the like:

- Array of Services:  YES  NO
- Merchandise:  YES  NO
- Menu:  YES  NO
- Uniforms:  YES  NO
- Décor:  YES  NO
- Signs:  YES  NO
- Name or Other Features:  YES  NO

Please contact the Sebastopol Planning Department at 707-823-6167 if you have any questions. Thank you!



# City of Sebastopol

## Home Occupation Application Checklist

The following submittal information shall be provided at the time that any person makes an application for a Home Occupation Business License. All submittal information shall be presented along with the Home Occupation Business License form, related fees, and any additional information required by the Finance Department.

### APPLICATION INFORMATION

1. Provide a site plan indicating the location of the proposed Home Occupation on the subject property. No outdoor space may be used to conduct a Home Occupation, nor can any supplies or equipment associated with the Home Occupation be stored outside. The Home Occupation may be conducted within an accessory building, but may not reduce the amount of off-street parking.
2. How many person(s), including a resident of the dwelling, will be employed in the conduct of this Home Occupation?  
\_\_\_\_\_
3. Will the proposed use generate vehicular traffic measurably in excess of that normally associated with single-family residential use? If yes, please explain \_\_\_\_\_  
\_\_\_\_\_
4. Will any noisy or otherwise objectionable machinery or equipment be used in the conduct of the proposed use? If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_
5. Will the proposed use create noise, odor, dust, vibration, fumes, smoke, electrical interference or other similar types of interference with the residential use of adjacent properties? If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_
6. What is the maximum number of clients or patrons who will be on the premises at any one time? \_\_\_\_\_  
\_\_\_\_\_



**CITY OF SEBASTOPOL**

**WORKERS' COMPENSATION 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, 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, for the duration of any business activities conducted for which this license is issued.

My workers' compensation insurance carrier and policy number are:

**Carrier:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

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 California, and agree that if I should become subject to workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with the provisions of Section 3700.

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO \$100,000 IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.**



**SEBASTOPOL POLICE DEPARTMENT  
\*\*\*CONFIDENTIAL INFORMATION\*\*\***

NAME OF FIRM: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**\*\*\*IN EMERGENCY PLEASE CONTACT\*\*\***

1. NAME (OWNER) \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OR

2. NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OR

3. NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**PLEASE CHECK THE FOLLOWING:**

	YES	NO
Night Light	_____	_____
Alley Light	_____	_____
Safe	_____	_____
Rear Door	_____	_____
Rear Window	_____	_____
Bars on Window(s)	_____	_____
Sleeper on Premises	_____	_____
Private Security Company	_____	_____
Sky Light	_____	_____
Alarm	_____	_____

(If building has alarm, please list alarm company's name and phone number)

Alarm Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_



# City of Sebastopol Business License Rate Classifications

(Rates listed below do not include B.I.A. Business Improvement Area Fee)

**A. GENERAL LICENSE:** Retailing, wholesaling, manufacturing, processing and services (includes restaurants, Service stations, laundries, barbershops, bookkeeping services and real estate offices).

<u>Class</u>		<u>Rate</u>
100	For 1 to 3 persons (including owners, partners and employees who devote more than 20 hours per week to the business.	\$90
001	For 4 to 7 persons as defined above	\$135
002	For 8 to 14 persons as defined above	\$200
003	For 15 or more persons as defined above	\$340

**B. DELIVERIES:** Persons or firms who make regular deliveries of goods, wares or merchandise to residences or public places of business not owned by persons making deliveries.

<u>Class</u>		<u>Rate</u>
100	As defined above	\$90

**C. PROFESSIONAL:** Includes architects, CPA's, doctors, dentists, engineers, lawyers and similar.

<u>Class</u>		<u>Rate</u>
004	For each office location and one licensed person	\$150
Various	For each additional licensed professional in the same office.	\$75

**D. CONTRACTORS:** Includes "A" or "B" type license with principal place of business within the City boundaries

<u>Class</u>		<u>Rate</u>
C01	Specialty Contractor	\$75
C02	General Contractor, Class A or B	\$100

Note: Rate applies to City Business License only. Contractor license needs to contact the Building Department

**E. RENTAL UNITS:** Includes apartment houses, bed & breakfasts, hotels, rest homes, convalescent



Homes, mobile home parks and trailer parks.

<u>Class</u>		<u>Rate</u>
011	For each four dwelling units, rooms or spaces	\$60
Various	For each additional of above (Maximum = \$112.50).	\$3

**F. PART-TIME BUSINESS OR PROFESSION:** Must meet **ALL** of the following requirements:

- and
1. Gross receipts not more than \$3,000 per year,
  2. No employees other than owner, and
  3. Owner devotes less than 30 hours weekly to the operation of the business or profession.

<u>Class</u>		<u>Rate</u>
007	As defined above Home Occupation	\$28

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**G. DOOR TO DOOR SOLICITOR, STREET PEDDLER OR VENDOR:** Rate applies to each individual solicitor and such licenses are not transferable. Does not apply to persons selling by sample to the trade, such as selling to businesses for resale purposes only.

<u>Class</u>		<u>Rate</u>
006	As defined above	\$150

**FOR THE FOLLOWING CLASSIFICATION NOT LISTED ABOVE, REFER TO BUSINESS LICENSE ORDINANCE#688**

Carnivals, Circuses, Tent Shows, Street Fairs, Public Dances, Arcades, Amusement or Recreation Parlors, Billiard/Pool Rooms, Ice/Roller rinks, Bowling Alleys, Vending Machines, Theaters and other businesses.

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**IMPORTANT NOTICE TO APPLICANTS AND  
ADDITIONAL FEES THAT MAY APPLY**

**Businesses located in the “Downtown Improvement Area” will be assessed an additional amount equal to 25% or 50% of the business license fee depending upon location. City Finance Department can quote exact rates.**

License tax must be paid before conducting business.

Annual renewal licenses are due and payable in advance on January 1st of each calendar year and become delinquent 30 days thereafter.

Unpaid licenses will be assessed a 25% late penalty per month added after 1st day of each month following due date to a maximum of 100%. License will remain active until written request for cancellation is received by Finance Department.