



201 W. Sierra Avenue, Cotati CA 94931 | Phone 707 665-3631 Fax 707 665-4226

APPLICATION FOR BUSINESS LICENSE

BUSINESS INFORMATION – OBTAIN SIGNATURES AT BOTTOM IF PHYSICAL LOCATION IS WITHIN CITY LIMITS

Business Name / DBA _____

Physical Location of Business _____

City _____ State _____ Zip _____

Mailing Address if Different _____

City _____ State _____ Zip _____

Business Owner(s) _____

Business Phone _____ Emergency Phone _____ E-Mail _____

Check One: Corporation Sole Proprietor Partnership LLC Other _____

Federal Tax ID or Social Security # _____ Sales Tax / Resale # _____

Date Business Commencing in Cotati _____ Business Hours _____ Days Closed _____

BUSINESS DESCRIPTION

Description of Business to be Performed _____

Type: Manufacturer Retail Wholesale Service Professional Restaurant / Bar Other _____

<input type="checkbox"/> Within City Limits - \$74 # of Employees, Including Owners/Officers/ Partners: _____ 1-10 - \$10 each Over 10 - \$5 each additional <input type="checkbox"/> Outside City Limits - \$94 <input type="checkbox"/> Home Based, Within City Limits Estimated Annual Gross Receipts: <input type="checkbox"/> \$0 - \$3,000 = \$19 <input type="checkbox"/> \$3,000 - \$6,000 = 34 <input type="checkbox"/> Over \$6,000 = \$64 <input type="checkbox"/> Non-Profit – Provide Proof of Status	<input type="checkbox"/> Building Contractor <input type="checkbox"/> 6 Months = \$64 <input type="checkbox"/> 12 Months = \$104 License # _____ Exp. _____ <input type="checkbox"/> Electrical / Plumbing / Other <input type="checkbox"/> 6 Months = \$34 <input type="checkbox"/> 12 Months = \$54 License # _____ Exp. _____ <input type="checkbox"/> Landscaping / Gardening - \$19 <input type="checkbox"/> Delivery - \$64 <input type="checkbox"/> Mini-Warehouses / Storage Facilities \$2 Per Unit - # of Units + \$4 _____	<input type="checkbox"/> Solicitor <input type="checkbox"/> Advertising - \$64 for first, \$4 each additional <input type="checkbox"/> Sales/Door-to-Door - \$104 Each <input type="checkbox"/> Newspaper Delivery/Political/Religious/ Non-Profit or Charitable - \$0 <input type="checkbox"/> Advertising <input type="checkbox"/> Billboard / Towed by Vehicle - \$54 Each <input type="checkbox"/> Handbills/Samples - \$28 + \$2 add'l per person, per day <input type="checkbox"/> Property Rental - # of Units _____ \$10 Each Over Two units + \$4 <input type="checkbox"/> Christmas Tree Sales - \$19 Quarterly
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POLICE DEPARTMENT EMERGENCY INFORMATION

Alarm Type Audible Silent Burglary Robbery Fire Alarm Company _____ Phone _____

PLEASE INDICATE IF ANY OF THE FOLLOWING ARE ON THE PREMISES OF THE BUSINESS

Vending Machines as sole income, located in City – 1.5% of Gross Receipts + \$1 Vending Machines not exclusive business - \$16.00 each
 Billiards / Game Tables, non-coin operated - \$31.00 First, \$10.00 each thereafter

Planning Approval: _____ Date: _____ Bldg Approval: _____ Date: _____ PD Approval: _____ Date: _____

\$ _____ Tax Due - New operations within City limits shall be pro-rated 50% if start of business is after July 1st

Signature _____ Date _____



ZONING CERTIFICATE APPLICATION

FOR BUSINESS LICENSE APPLICATIONS & USE PERMIT TRANSFERS

Address _____ Unit / Suite _____

Business Owner Name _____ Phone # _____ E-Mail _____

Business Name _____

Describe Products / Services Provided (attach additional sheet if needed) _____

Has the property owner authorized this business? Yes No Lease Area (sq. ft.) _____

Do you intend to increase / decrease leased area? Yes No Install or modify sign? Yes No

Hours of Operation: Mon-Thu _____ Friday _____ Saturday _____ Sunday _____

Does the business have off-street parking? Yes No If yes, how many spaces? _____

Location of parking: Same property Other location (describe & provide documentation) _____

Will you sell alcoholic beverages? Yes No If yes, list ABC license type _____

Will you offer live entertainment or music? Yes No If yes, describe _____

Will you have outdoor display or storage? Yes No Will you have outdoor dining? Yes No

Does the business involve marijuana? Yes No Will you sell tobacco products? Yes No

Is this business a medical marijuana dispensary as defined in Municipal Code Chapter 8.24? Yes No

Is this business a formula based fast food business as defined in the Land Use Code §17.42.071 Yes No

Is this business a massage therapy use? Yes No If yes, please attach certificate

FOR USE PERMIT TRANSFERS ONLY: Have you read your Conditions of Approval? Yes No

Under penalty of perjury, I certify that the above information is true and complete to the best of my knowledge.

If this use requires a use permit: I have read, understand, and agree to follow the approved Use Permit & Conditions of Approval for this business.

Applicant Signature _____ Date _____

Property Owner Signature _____ Date _____

--STAFF USE ONLY--

Non-Conforming Use (no expansion) U.P. COA's given to applicant Attachments: Floor Plan Site Plan Statement Other _____

Previous Business at this Location _____ Date Previous Business Vacated _____

Zoning _____ Approved By _____ Date _____

Comments _____