

CITY OF RIO VISTA
One Main Street, Rio Vista, CA 94571
BUSINESS LICENSE APPLICATION

Form can be emailed to businesslicenses@ci.rio-vista.ca.us

This form must be filled out COMPLETELY whether a new business or a renewal. Renewals will not be processed without a completed renewal application and annual *fire inspection fee, if applicable

NEW CHANGE RENEWAL City License# _____

Business Name (dba) _____ Business Phone () _____

Business Address _____ City _____ Zip _____

Business Mailing Address _____ City _____ Zip _____

Email address _____

Please provide an email address, if available. Email is our preferred method of communication in case of application questions.

Business Activity. (Please describe in detail exactly what your business activity will be. Attach separate page, if necessary.)

How many quarters will you be paying for? _____ How many employees will you be paying for? _____

Type of Organization Sole Proprietor Partnership Corporation

Sole Proprietor or Partnership

Owner's Name _____ Home Address _____

City _____ State _____ Zip _____ Home Phone () _____

Corporations

Name of Corporation _____ Federal ID# _____ State ID # _____

Start Date of Business _____ Seller's Permit # _____ Will Firearms be sold? Yes No

Contractor's State License No. _____ Exp. Date _____ License Type _____

Does your business occupy more than one location in Rio Vista? Yes No

If yes please provide additional locations: _____

Size of Business Floor Space in sq ft: _____ Date Business Established: _____

Is this a home based business within the City of Rio Vista's City limits? Yes No

NEW! REQUIRED - INSURANCE INFORMATION: (BRICK AND MORTAR BUSINESSES IN RIO VISTA ONLY)

INSURANCE CARRIER: _____ POLICY # _____ EXP. DATE _____

NAME OF COMPANY AS IT APPEARS ON POLICY _____

NAME OF PROPERTY OWNER: _____ CONTACT PHONE # _____

The issuing of your Business License is for revenue purposes only. It does not relieve you from the responsibility of complying with the requirements of any other departments of the City of Rio Vista and or any other ordinance, law or regulations of the City of Rio Vista, State of California, or any other Governmental agency. All Business Licenses must be renewed by the expiration date whether or not you receive a renewal notice. Change of ownership, address or business activity requires a new application. If you are no longer conducting business in Rio Vista you must notify us in writing the date you ceased work in the City. A regional or corporate license is not a substitute for a City business license. Final occupancy is subject to inspection and approval by Building and Fire Departments. Inspection fees and additional permits may be required. Zoning permit approval is required by the Planning Department before issuance of a Business License and a permit for a sign may be required. The number of persons, including owners and managers determines your business license fee. Your license is due and payable on the first day of business operations and for each quarter/year thereafter. *** If payments are not received thirty (30) days from that date, you will be charged a penalty for each month or fraction thereof that the payment is past due.**

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BUSINESS LICENSE FEES: (read calculations across - left to right to determine fee due based on # of employees & # of quarters being paid for)

If you have a fixed place of Business in Rio Vista and the number of employees including yourself is:

1 to 5	\$10.00 per quarter x # of qtrs	= \$		or
6 to 10	\$20.00 per quarter x # of qtrs	= \$		or
11 or more	\$40.00 per quarter x # of qtrs	= \$		
	Plus annual ADA tax		4.00	

*Fire inspection fee based on square footage	0 - 999 sq. ft. \$ 48	\$	
Due with business license renewal	1,000 - 1,499 sq. ft. \$ 72	\$	
Does not apply to home occupation businesses	1,500 - 4,999 sq. ft. \$ 96	\$	
	5,000 - 9,999 sq. ft. \$120	\$	
	Late fee, if applicable(10% per month)	\$	
	Then your total tax is	\$	

If you have no fixed place of Business in Rio Vista and the number of employees including yourself is:

1 st Employee	\$25.00 per quarter x # qtrs	= \$		plus
2 nd thru 5 th Employee	\$10 each per qtr (# of employees x \$10 x # of qtrs.	= \$		plus
6 or more employees	\$ 7 each per qtr (# of employees x \$7 x # of qtrs.	= \$		plus
	Plus annual ADA tax		4.00	
	*Late fee, if applicable (10% per month)	= \$		
	Then your total tax is	\$		

If you have no fixed place of business in Rio Vista and have delivery trucks or delivery vehicles:

Number of trucks	X	\$10 per quarter	=	Total Truck Tax due
				\$
		Total business license due from above		\$
		Total business license/truck fees due	=	\$

ALTERED APPLICATIONS WILL NOT BE ACCEPTED

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRURE AND CORRECT

Authorized Signature			Date
OFFICIAL USE ONLY			
	Signature Required	Date	
Planning	<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Building	<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Police	<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Fire	<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Public Works	<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Date:	License Fee:	Paid:	Receipt:
Date:	State ADA tax:	Paid:	Receipt:
Date:	Fire Inspection:	Paid:	Receipt:
Date:	Home Occupation:	Paid:	Receipt:
Date:	Building Inspections:	Paid:	Receipt:

Processed by: _____ Permit Expires: _____

I have received a copy of the City of Rio Vista's Home Occupation Zoning Ordinance and a copy of additional conditions of approval: _____

FOR OFFICE USE ONLY

Late Payment Penalty Fee: _____	DRC Meeting Date: _____
Live Scan approval received: _____	Live Scan disapproved: _____