

CITY OF RIO VISTA
One Main Street, Rio Vista, CA 94571
(707) 374-2205 Fax (707) 374-5531
BUSINESS LICENSE APPLICATION

PLEASE FILL OUT SHADED AREA ONLY FOR RENEWALS RENEWAL City License# _____

Business Name (dba) _____ Business Phone () _____

Business Address _____ City _____ Zip _____

Business Mailing Address _____ City _____ Zip _____

Business Activity (Please describe in detail exactly what your business is being licensed to do. If you need extra space please attach separate sheet of paper)

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

ADDITIONAL INFORMATION

Emergency Contacts: (person with building access)

Name _____ Title _____ () _____

Name _____ Title _____ () _____

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 License must be renewed by the expiration date whether or not you receive a renewal notice. Any Change of ownership, address, or business activity, requires a new application. If you are no longer conducting business in the City of Rio Vista you must notify us in writing stating the date you ceased work in the City. A regional or corporate license is not a substitute for a City license.

Final occupancy is subject to inspection and approval by Building and Fire Departments. 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. Yours 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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Alarm Company (if applicable)

Business Name _____ Contact/Lic# _____

CSZ _____ Phone () _____

LICENSE FEES

If you have a fixed place of Business in Rio Vista	And the number of employee Including yourself is 1 to 5 6 to 10 11 or more	Then your TAX is \$10.00 per quarter \$20.00 per quarter \$40.00 per quarter
If you have no fixed place of Business in Rio Vista	And the number of employees including yourself is..... 1 \$25.00 2 to 5 \$10.00 each up to \$40.00 6 or more \$ 7.00 each and up.....	Then your TAX is..... \$25.00 per quarter for the 1st employee PLUS \$10.00 per quarter for up to 4 employees EACH PLUS \$7.00 per quarter per person each employee
If you have no fixed place of Business in Rio Vista	And you ALSO have Delivery Trucks or Delivery Vehicles	Then your TAX is \$10.00 per quarter per vehicle

Any person violation any of the provision of Chapter 5 of the City of Rio Vista Municipal Code, or knowingly or intentionally misrepresenting to officer or employee of this City any material fact in procuring a license shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be punishable by a fine of not more than five hundred dollars or by imprisonment for a period of not more than six months, or both such fine and imprisonment.

****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:	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

City Zoning: _____	Late Payment Penalty Fee: _____
DRC Meeting Date: _____	Business Category: _____
Live Scan approval received: _____	
Live Scan disapproved: _____	