



# CITY OF FAIRFIELD

## Business License Office

1000 Webster Street, 2nd Floor, Fairfield, CA 94533-4883  
Phone (707) 428-7509 BL@fairfield.ca.gov

### Application Type:

- Address Change
  - Owner Change
  - New Business
  - Business Name Change
  - HOME OCCUPATION
  - Out-Of-City Contractor
- Copy of current contractor's license (pocket card) is required.*

### BUSINESS LICENSE APPLICATION

Please type or print, sign and return with payment. All sections **must** be completed.

**APPLICANT MUST NOTIFY THIS OFFICE IN WRITING OF ANY CHANGES IN FACTS ON THIS APPLICATION**

Business Name (DBA) _____	Start Date in Fairfield _____
Corporate Name <small>(if applicable)</small> _____	Number of Employees _____
Business Location <small>(Cannot be P.O. Box per State of California Business &amp; Professions Code-Section 17538.5)</small> _____	Resale No. _____
Mailing Address _____	Federal ID No. _____
City/State/Zip _____	State ID No. _____
Bus. Phone No. _____ Fax No. _____	Health Permit _____
Email Address _____	State Lic. No. _____
Website _____	State Lic. Type _____
Description of Business _____	Expire Date _____

**OWNER(S), PARTNER(S), OR CORPORATE OFFICER(S) INFORMATION**

Per AB 2184, you may protect your residential address by providing a different Service of Process address in accordance with Sections 16000.1(a)(2) and 16100.1(a)(2) of the Business and Professions Code. To do so, please fill out the section on the back of this form.

Ownership:  Sole Proprietor  Partnership  Limited Liability  Corporation  Other: \_\_\_\_\_

Name _____	Title _____
Home Address <small>(Cannot be P.O. Box)</small> _____	Driver Lic. No. _____
Home Phone No. _____ Cell No. _____	Soc. Sec. No. _____
Name _____	ITIN/Other ID No. _____
Home Address <small>(Cannot be P.O. Box)</small> _____	Date of Birth _____
Home Phone No. _____ Cell No. _____	Title _____
	Driver Lic. No. _____
	Soc. Sec. No. _____
	ITIN/Other ID No. _____
	Date of Birth _____

**EMERGENCY CONTACT INFORMATION**

Contact Name _____	Phone No. _____
Address _____	Cell No. _____

**PLEASE COMPLETE THE FOLLOWING AND SIGN BELOW**  
(to compute total license tax due, see reverse side)

**A. Total year Gross Receipts** Tax Due

\$  DID Fee

**If applicable, check the following**

<input type="checkbox"/> Auctioneer	<input type="checkbox"/> Cannabis	Permit Fee <input type="text"/>
<input type="checkbox"/> Daycare	<input type="checkbox"/> Veteran Exempt	State CASp Fee <b>\$ 4.00</b>
<input type="checkbox"/> Fuel Delivery	<input type="checkbox"/> Solicitor/Peddler	TOTAL TAX DUE <b>\$ <input type="text"/></b>
<input type="checkbox"/> Truck Delivery	<input type="checkbox"/> Non-Profit	
<input type="checkbox"/> Pawn		

*Gross Receipts are subject to audit. Underreporting of Gross Receipts will result in penalties of up to 100% of business tax paid.*

**DEPT APPROVALS • FOR OFFICE USE ONLY**

ZONING	Amount Paid _____
	Date Received _____

**NOTICE:** Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: The Division of the State Architect at [www.dgs.ca.gov/dsa](http://www.dgs.ca.gov/dsa) - The Department of Rehabilitation at [www.dor.ca.gov](http://www.dor.ca.gov) - The California Commission on Disability Access at [www.ccca.ca.gov](http://www.ccca.ca.gov).

I declare under penalty of perjury that the answers of the above questions have been examined by me and to the best of my knowledge are true and complete.

➔ \_\_\_\_\_  
Signature of Owner or Representative

Title \_\_\_\_\_ Date \_\_\_\_\_

*Thank you for doing business in the  
City of Fairfield*

**ANNUAL GROSS RECEIPTS CLASSIFICATION**

- Classification "A"** Retail sales, contractors, subcontractors, restaurants, property management or leasing, rentals, motels, personal or repair services, etc.
- Classification "B"** Professionals, such as attorneys, architects, accountants, real estate agents and brokers, appraisers, doctors, consultants, engineers, bookkeepers, investigators, developers, advertising agents, interior designers, etc.
- Classification "C"** Manufacturers, wholesalers with zero retail receipts, and administrative headquarters with zero Fairfield Gross Receipts.

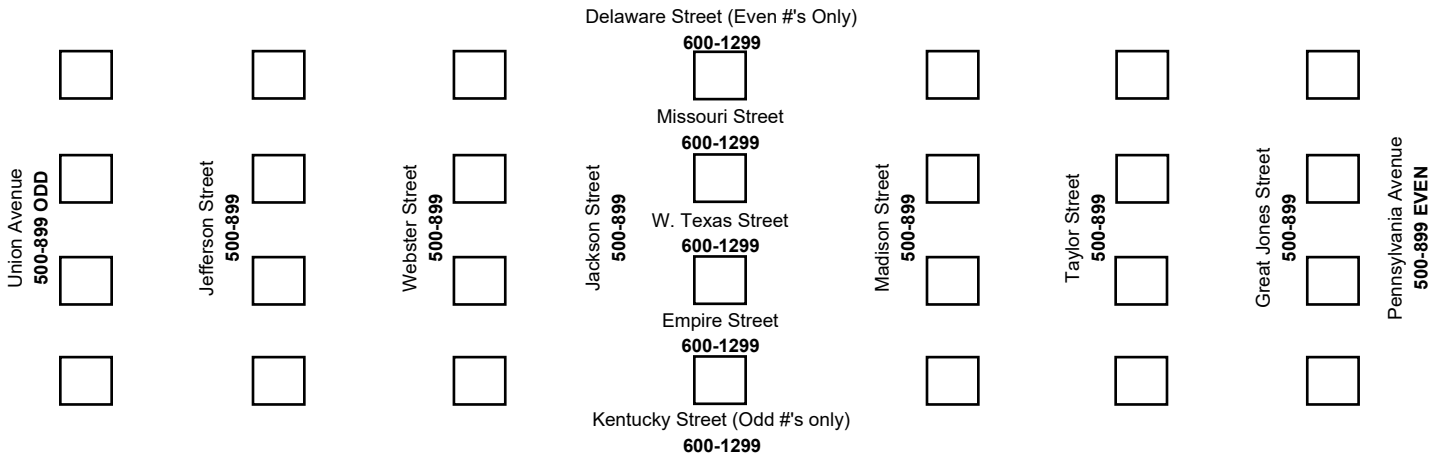
**LICENSE TAX RATE SCHEDULE BY CLASSIFICATION**

Gross Receipts		Business License Tax		
<u>At Least</u>	<u>But Less Than</u>	<u>A</u>	<u>B</u>	<u>C</u>
\$0	\$20,000	\$20	\$76	\$20
20,000	40,000	50	76	20
40,000	60,000	60	90	24
60,000	80,000	70	96	28
80,000	100,000	80	120	32
100,000	120,000	90	136	36
120,000	140,000	100	150	40
140,000	160,000	110	166	44
160,000	180,000	120	180	48
180,000	200,000	130	196	52
200,000	240,000	146	220	58
240,000	280,000	170	256	70
280,000	320,000	190	286	82
320,000	360,000	210	316	94
360,000	400,000	230	346	106
400,000	450,000	250	376	118
450,000	500,000	270	406	130
500,000	550,000	290	436	142
550,000	600,000	310	466	154
600,000	700,000	330	646	172
700,000	800,000	350	766	196
800,000	900,000	370	826	220
900,000	1,000,000	390	886	244
		15	15	10

For each additional \$100,000  
or fraction thereof:

**DOWNTOWN IMPROVEMENT DISTRICT (D.I.D.) FEES**

The City of Fairfield collects a fee on behalf of the Downtown Improvement District to finance the promotional and business development activities of that organization. The D.I.D. fees equal \$1.35 for each \$1.00 of the Business License Tax Category "A" business, and \$.66 for each \$1.00 of Business License Tax for all other businesses. Pay this fee ONLY if you are located with the downtown boundaries shown on the map below.



**SERVICE OF PROCESS ADDRESS, PURSUANT TO AB 2184 - AVAILABLE FOR PUBLIC INSPECTION**

If you wish to protect your residential address with a different service of process address, please provide it here.

NOTE - if your service of process address is a post office box or private mailbox, it must comply with paragraph (2) of subdivision (b) of Section 17538.5 of the California Business and Professions Code.

**Service of Process Address**

**Residential Address to protect**

- Business Location     Mailing Address     Owner/Partner/Officer Address