# FLAT RATE TAX
# BUSINESS LICENSE APPLICATION

**FINANCE OFFICE**
411 Main Street
P.O. Box 3420
Chico, CA 95927-3420
530-879-7320

**Instructions:**
Complete the application form below and submit along with payment to the City of Chico, Finance Office at the address noted above.

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|---|---|---|---|---|---|
| BUSINESS NAME | | BUSINESS OWNER'S NAME | | BUSINESS START DATE (in Chico) | |
| BUSINESS LOCATION | STREET & NUMBER (no P.O. Box) | STE./APT.# | CITY | STATE | ZIP CODE |
| MAILING ADDRESS (if different) | | | | | |
| BUSINESS PHONE NUMBER ( ) | EMERGENCY PHONE NUMBER ( ) | DRIVER'S LICENSE NUMBER | | | |
| SOCIAL SECURITY # (Sole Proprietorship) | | TAXPAYER IDENTIFICATION # (Corporation or Partnership): | | | |
| APPLICATION IS FOR: ❍ | SOLE PROPRIETORSHIP | ❍ PARTNERSHIP | ❍ CORPORATION (if corporation, give legal name) | | |
| BUSINESS IS LOCATED IN: ❍ | HOME OFFICE (if yes, please complete a Home Occupation Permit Application in addition to this applciation) | ❍ DOWNTOWN CHICO BUSINESS AREA (if yes, please complete a DPBIA Application in addition to this application) | | | |

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| DESCRIPTION OF BUSINESS ACTIVITY: | | |
| DO YOU HOLD "NON-PROFIT" STATUS WITH IRS? ❍ YES (if yes, please provide appropriate documentation) ❍ NO | | |
| WILL YOU SELL TANGIBLE PROPERTY? ❍ YES (if yes, please provide the following) ❍ NO | RESALE #: | |

**CALCULATING THE BUSINESS LICENSE TAX DUE:**

**Business License Tax is calculated using the table below.**

(If your business does not qualify for a Flat Rate Tax, use the Gross Receipts Business License Tax Application.)

**FLAT RATE BUSINESS LICENSE TAX TABLE**

| Type of Business: | Unit Cost | # Units | Tax |
|---|---|---|---|
| Amusement Concession or Ride | $10/month | X _____ | = $_____ |
| Animal Show, Carnival, Circus | $100/day | X _____ | = $_____ |
| Auto Parking Lots | $25/lot | X _____ | = $_____ |
| Auto Race Track | $100 | X _____ | = $_____ |
| Bowling Alley | $7.50/alley | X _____ | = $_____ |
| Card Room, Pool Hall | $40/table | X _____ | = $_____ |
| Christmas Tree Vendor | $10/month | X _____ | = $_____ |
| Fortune Teller, Palmist | $100/prac | X _____ | = $_____ |
| Hospital, Sanitarium Rest or Nursing Home (Min. $18) | $1.50/bed | X _____ | = $_____ |
| Hotel, Motel, Apartment: | | | |
| 3 to 5 Rental Units #_____ | $18 | | = $ 18.00 |
| 6 to 50 Rental Units #_____ | $18 + ($1 X ____) ($1.00 per unit over 5 units) | | = $_____ |
| 51 to 100 Rental Units #____ | $63 + ($.50 X ____) ($.50 per unit over 50 units) | | = $_____ |
| Over 100 Rental Units #____ | $88 + ($.25 X ____) ($.25 per unit over 100 units) | | = $_____ |

| Type of Business | Unit Cost | # Units | Tax |
|---|---|---|---|
| Lock Boxes | $2/box | X _____ | = $_____ |
| Pickup/Delivery from Outside City | | | |
| First Vehicle | $30 | X _____ | = $_____ |
| Each Additional Vehicle | $10 | X _____ | = $_____ |
| Water Utility (per connection) | $1.50 | X _____ | = $_____ |
| Retail/Wholesale Concrete, Aggregate, Etc (Max $100) | $25/truck | X _____ | = $_____ |
| Vehicles for Hire | $24/veh. | X _____ | = $_____ |
| Room and Board House: | | | |
| 3 Rooms | $13 | | = $ 13.00 |
| 4 to 50 Rooms #_____ ($1.00 per unit over 3 rooms) | $13 + ($1 X _____) | | = $_____ |
| 1 to 100 Rooms #_____ ($.50 per unit over 50 rooms) | $70 + ($.50 X _____) | | = $_____ |
| Over 100 Rooms #_____ ($.25 per unit over 100 rooms) | $85 + ($.25 X _____) | | = $_____ |
| Mobile Home Park (# Rental Units) | | | |
| 1 to 5 Units #_____ | $18 | | = $ 18.00 |
| 6+ Units #_____ ($1.00 per unit over 5 (Max=$65) | $18 + ($1 X _____) | | = $_____ |

| | |
|---|---|
| **TOTAL TAX DUE (calculated from Table above):** | **$** |

*The issuance of a business license represents only the fact that the licensee has paid a City of Chico business license tax per Municipal Code Sections 3.32 and 3.34. It does not constitute authorization of the licensee to conduct a business within the City of Chico. Prior to commencing business operations, the licensee should consult with the City of Chico Building and Planning Divisions to determine whether the type of business to be conducted is permitted at the intended business location.*

**APPLICANT'S SIGNATURE** _____ **DATE** _____

*****OFFICE USE ONLY*****

| Business Category Code: | SIC Code: | CR Number: | PEID Number: |
|---|---|---|---|
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