



# CITY OF VACAVILLE

650 Merchant Street • P. O. Box 6178 • Vacaville, CA 95696-6178  
Phone (707) 449-5185 x 2 • www.cityofvacaville.com  
business.licenseemail@cityofvacaville.com

## BUSINESS LICENSE APPLICATION

Planning Use Only / Finance Use Only	
HOP Type 1 <input type="checkbox"/> 2 <input type="checkbox"/>	Bus. License No. _____
Approved by: _____	Expiration Date. _____
Zoning Approved by: _____	License Fee \$ _____
Outside City Limits <input type="checkbox"/>	Date Paid _____
	Paid By: Cash Check C/C

New Application  Change

TYPE OF BUSINESS			
Service <input type="checkbox"/>	Professional <input type="checkbox"/>		
Contractor <input type="checkbox"/>	Rentals <input type="checkbox"/>		
Retail/Wholesale <input type="checkbox"/>	Non-Profit <input type="checkbox"/>		
	Special Event <input type="checkbox"/>		

Business Start Date \_\_\_\_\_

PREFERRED METHOD OF CONTACT	
Paper Notifications <input type="checkbox"/>	Email Notifications <input type="checkbox"/>



**PLEASE TYPE OR PRINT CLEARLY**

Business Name \_\_\_\_\_

Business Location \_\_\_\_\_

(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_

(If different than above)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bus. Phone \_\_\_\_\_ Website \_\_\_\_\_

Email \_\_\_\_\_

Ownership  Sole Proprietor  Corporation  Partnership  Limited Liability Corp.

Contractor's / Massage \_\_\_\_\_ License Type \_\_\_\_\_ Expiration Date \_\_\_\_\_

Description of Business: \_\_\_\_\_

Federal ID No. \_\_\_\_\_ State ID No. \_\_\_\_\_ Resale No. \_\_\_\_\_

**Enter below names of Owners, Partners, or Corporate Officers** (attach additional sheet, if necessary)

1st Owner Name \_\_\_\_\_ Title \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ Driver Lic. No. \_\_\_\_\_

Phone No. \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

2nd Owner Name \_\_\_\_\_ Title \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ Driver Lic. No. \_\_\_\_\_

Phone No. \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

**EMERGENCY CONTACTS (Person with building access) Inside City Limits Only**

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

**ALARM CONTACTS (If applicable) Inside City Limits Only**

Business Name \_\_\_\_\_ Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ License No. \_\_\_\_\_

Additional Information	Is this a home based business within Vacaville City limit? Gross Receipts ___ less than \$1000 ___ \$1000-2500 ___ Over \$2500 <input type="checkbox"/> Yes <input type="checkbox"/> No	Special Classification (Special fees may apply - complete if applicable)
	Will firearms be sold? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Is this business located downtown (additional fees apply) <input type="checkbox"/> Yes <input type="checkbox"/> No	No. of Residential Units/ Spaces/Seats/apartments <input type="text"/>

\*\*Under deferral and state law, compliance with disability access law is 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.doc.ca.gov/dsa/Home.aspx](http://www.doc.ca.gov/dsa/Home.aspx)

The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov)

The California Commission on Disability Access at [www.ccda.ca.gov](http://www.ccda.ca.gov)

I hereby certify, under penalty of perjury, that the information in this application and any attachments hereto is true correct, and complete to the best of my knowledge, and that I will comply with the provision of the Vacaville Municipal Code and all federal, state and local laws and regulations governing the operation of this business.

Signature of Owner or Representative: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Return completed application to above address and make check payable to City of Vacaville.

*Thank you for doing business in the City of Vacaville!*

**City of Vacaville**  
**BUSINESS LICENSE FEE SCHEDULE**  
Fees Paid Annually

The fee is based on the type of business. If you are not sure of your business category, please contact our office at (707) 449-5185 x 2. The City uses the following categories:

- SERVICE** - Bookkeeper, janitorial services, pet grooming, etc.
- RETAIL, WHOLESALE, & MANUFACTURING** - Restaurants, video stores, carpet sales, etc.
- CONTRACTORS** - Construction activities, carpenters, roofers, general contractors, etc.
- PROFESSIONAL** - Consultant, realtor, accountant, physician, etc.

Locate your Business License Annual Fee below, based on the tier of the number of people working in the business in Vacaville, and the type of business activity. If an owner is the only person working in the business, the fee is based on one person working in the business:

**Service/Contractor/Retail-Wholesale Businesses**

No. of Employees	March	April	May	June	July	August	Sept.	Oct.	Nov.	Dec.	January	February
1	\$ 65.00	\$ 65.00	\$ 65.00	\$ 59.58	\$ 54.17	\$ 48.75	\$ 43.33	\$ 37.92	\$ 32.50	\$ 27.08	\$ 21.67	\$ 16.25
2-5	\$135.00	\$135.00	\$135.00	\$123.75	\$112.50	\$101.25	\$ 90.00	\$ 78.75	\$ 67.50	\$ 56.25	\$ 45.00	\$ 33.75
6-12	\$190.00	\$190.00	\$190.00	\$174.17	\$158.33	\$142.50	\$126.67	\$110.83	\$ 95.00	\$ 79.17	\$ 63.33	\$ 47.50
13-25	\$270.00	\$270.00	\$270.00	\$247.50	\$225.00	\$202.50	\$180.00	\$157.50	\$135.00	\$112.50	\$ 90.00	\$ 67.50
26-50	\$355.00	\$355.00	\$355.00	\$325.42	\$295.83	\$266.25	\$236.67	\$207.08	\$177.00	\$147.92	\$118.33	\$ 88.75
51-100	\$575.00	\$575.00	\$575.00	\$527.08	\$479.17	\$431.25	\$383.33	\$335.42	\$287.50	\$239.58	\$191.67	\$143.75

California SB1186 Fee of \$1.00 in addition to City of Vacaville Business License Fee is required for all new business application and renewals. Please contact our office if the number of employees exceeds 100.

**VENDING COMPANIES** will pay a base fee of \$15.00 for the initial Business License Fee. Renewal of the Business License will require a fee of \$15.00, plus an amount equal to \$1.15 for each \$1,000 of gross sales in the previous 12-month period.

**Professional**

No. of Employees	March	April	May	June	July	August	Sept.	Oct.	Nov.	Dec.	January	February
1	\$ 90.00	\$ 90.00	\$ 90.00	\$ 82.50	\$ 75.00	\$ 67.50	\$ 60.00	\$ 52.50	\$ 45.00	\$ 37.50	\$ 30.00	\$ 22.50
2-5	\$160.00	\$160.00	\$160.00	\$146.67	\$133.33	\$120.00	\$106.67	\$ 93.33	\$ 80.00	\$ 66.67	\$ 53.33	\$ 40.00
6-12	\$215.00	\$215.00	\$215.00	\$197.08	\$179.17	\$161.25	\$143.33	\$125.42	\$107.50	\$ 89.58	\$ 71.67	\$ 53.75
13-25	\$320.00	\$320.00	\$320.00	\$293.33	\$266.67	\$240.00	\$213.33	\$186.67	\$160.00	\$133.33	\$106.67	\$ 80.00
26-50	\$405.00	\$405.00	\$405.00	\$271.25	\$337.50	\$303.75	\$270.00	\$236.25	\$202.50	\$168.75	\$135.00	\$101.25
51-100	\$625.00	\$625.00	\$625.00	\$572.92	\$520.83	\$468.75	\$416.67	\$364.58	\$312.50	\$260.42	\$208.33	\$156.25

"**DOWNTOWN**" businesses are subject to an additional Downtown Business Improvement District Fee. For information, contact DVBD (707) 451-2100.

**Vacaville Downtown Improvement District  
 BID Areas**

ZONE A		ZONE B	
Catherine	500-699	Boyd	400-699
Davis	200-699 Odd	Catherine	700-799
Dobbins	200-299	Cernon	100 Odd 200-499 All
Kendal	200-498 Even	Davis	200-698 Even
Main	200-699	Depot	100-298 Even
Mason	500 Odd 500-798 Even	Dobbins	100-199
McClellan	500-699	Elizabeth	400-699
Merchant	300-399	Kendal	200-499 Odd
Parker	200-399	Main	700-799
		McClellan	0-399
		Merchant	400-500 (Not 501 & Beyond)
		Monte Vista	100-401 & 800-899
		Parker	100-199
		Stevenson	300-499
		Williams	400-699
Retail / Restaurant	\$250.00	Retail / Restaurant	\$200.00
Beauty / Barber	\$ 30.00	Beauty / Barber	\$ 25.00
Hotels - (per room)	\$ 10.00	Service	\$135.00
Movie Theaters (per 3 seats)	\$ 1.00	Professional	\$ 85.00
Service	\$200.00	Banks	\$400.00
Professional	\$150.00	<b>Plus per full time employee</b>	<b>\$ 2.00</b>
Banks	\$500.00		
<b>Plus per full time employee</b>	<b>\$ 3.00</b>		

DVBD Phone  
 (707) 451-2100  
  
 DVBD Fax  
 (707) 451-2829