



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"/>
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"/>



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. _____

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? <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		No. of Owner/Employees (fulltime equivalent) <input type="text"/>
	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"/>
		California AB 1379 Fees ** <input type="text" value="\$ 4.00"/>	

**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

The Department of Rehabilitation at www.rehab.cahwnet.gov

The California Commission on Disability Access at www.ccca.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) 449-5129. 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 AB 1379 Fee of \$4.00 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.

Vacaville Downtown Improvement District
BID Areas
For questions please contact DVBID at (707) 451-2100

ZONE A		ZONE B	
Catherine 500-699 Davis 200-699 Odd Dobbins 200-299 Kendal 200-498 Even Main 200-699 Mason 500 Odd 500-798 Even McClellan 500-699 Merchant 300-399 Parker 200-399	Boyd 400-699 Catherine 700-799 Cernon 100 Odd 200-499 All Davis 200-698 Even Depot 100-298 Even Dobbins 100-199 Elizabeth 400-699 Kendal 200-499 Odd 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 Beauty / Barber \$ 30.00 Hotels - (per room) \$ 10.00 Movie Theaters (per 3 seats) \$ 1.00 Service \$200.00 Professional \$150.00 Banks \$500.00 Plus per full time employee \$ 3.00	Retail / Restaurant \$200.00 Beauty / Barber \$ 25.00 Service \$135.00 Professional \$ 85.00 Banks \$400.00 Plus per full time employee \$ 2.00	DVBID Phone (707) 451-2100 DVBID Fax (707) 451-2829	