

FOR OFFICIAL USE ONLY
Business License No. _____
Class Code _____

BUSINESS LICENSE APPLICATION
as required under Concord Municipal Code, Charter 18, Article II



Finance Department
1950 Parkside Drive, MS/06, Concord, CA 94519-2578
PHONE (925) 671-3307 • FAX (925) 671-3353
www.cityofconcord.org

Please Check Applicable: New Application Change of Owner Change of Information Home Business Out of City

Business Name _____	Bus. Start Date _____
Corporate Name (if applicable) _____	Fictitious Name No. _____
Business Location _____ <small>(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)</small>	Resale No. _____
_____	Federal ID No. _____
Mailing Address _____	State ID No. _____
_____	Contractors State Lic. No. _____
Phone No. _____ Fax No. _____	License Type _____
Description of Business _____	Expiration Date _____
<input type="checkbox"/> Corporation <input type="checkbox"/> Corp-Ltd Liability <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust _____	Email Address _____

Enter below names of Owners, Partners, or Corporate Officers (Use additional sheets as necessary)

1st Owner Name _____	Title _____	Driver Lic. No. _____ <small>(REQUIRED)</small>
Home Address _____ <small>(Cannot be P.O. Box)</small>	_____	Soc. Sec. No. _____ <small>(REQUIRED)</small>
Home Phone No. _____	Cell / Pager No. _____	
2nd Owner Name _____	Title _____	Driver Lic. No. _____ <small>(REQUIRED)</small>
Home Address _____ <small>(Cannot be P.O. Box)</small>	_____	Soc. Sec. No. _____ <small>(REQUIRED)</small>
Home Phone No. _____	Cell / Pager No. _____	

In case of emergency, please contact (For Police Use)

PLEASE LIST ONLY THE PEOPLE WHO ARE ABLE TO RESPOND, WITH A KEY, WITHIN 30 MINUTES

Contact Name _____ Phone No. _____

Address _____ Cell/Pager No. _____

Alarm Company, if applicable (attach additional sheet, if necessary)

Alarm Company Name _____ Alarm Permit No. _____

Address _____ Phone No. _____

Maintained By Alarm Company Yes No Installation Date _____ Alarm Type A - Audible S - Silent

<input type="checkbox"/> Property Owner <input type="checkbox"/> Property Mgmt. Information, if applicable	Leaseholder Information, if applicable
Name _____	Name _____
Address _____	Address _____
Phone No. _____	Phone No. _____

THIS BUSINESS LICENSE IS FOR REVENUE PURPOSES ONLY AND DOES NOT IMPLY CONFORMANCE WITH APPLICABLE CITY CODES AND ORDINANCES. YOU ARE REQUIRED TO CHECK YOUR PROPOSED BUSINESS LOCATION AND STRUCTURE WITH THE CITY PLANNING DEPARTMENT FOR COMPLIANCE WITH ZONING CODES. THIS BUSINESS LICENSE MUST BE RENEWED ANNUALLY AND POSTED IN A CONSPICUOUS PLACE.

I DECLARE UNDER PENALTY OF PERJURY THAT TO THE BEST OF MY KNOWLEDGE, ALL INFORMATION CONTAINED ON THIS APPLICATION IS TRUE AND CORRECT.

Signature of Owner or Representative: _____ Date: _____

Title: _____

RETURN APPLICATION TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO CITY OF CONCORD.

ZONING VERIFICATION - OFFICIAL USE ONLY

Approved Disapproved

Zoning _____ Associated Permit No.(s) _____ APN _____

Signature _____ Date _____ If not approved, why? _____

BUSINESS LICENSE TAX CALCULATION (Continued)

Choose one of the following according to your business type. (Refer to Schedule of Business License Taxes for tax amount.)

CLASS CODES:

0. Gross Receipts (Estimate for first year.) \$ _____	\$	0.
Does your business sell tobacco products? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
Employee Count _____		
1. Manufacturers (Number of Employees) _____	\$	1.
2. Professionals _____ Assoc. _____ Employees _____	\$	2.
3. Apartments (Number of Apartments) _____	\$	3.
4. Services and Public Utilities (Number of Employees) _____	\$	4.
5. Contractors (in town use annual Concord gross receipts) \$ _____	\$	5.
(out of town use job value) \$ _____		
6. Delivery	\$	6.
7. Amusement: Bowling Alleys Number of Alleys _____	\$	7.
Dance Halls; Night Clubs	\$	
Pool Tables Number of Tables _____	\$	
8. Flat Rate: Auctioneers	\$	8.
Solicitors	\$	
Peddlers	\$	
Itinerant Merchant	\$	
Craft Fair	\$	
9. Class Code: Non-Profit	\$	9.
State CASp Fee*	\$	4.00
Application Fee	\$	18.00
Total - PAY THIS AMOUNT	\$	

***NOTICE – State CASp Fee**

Adds \$4.00 to all New Applications and Renewals

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/Home.aspx – The Department of Rehabilitation at www.rehab.cahwnet.gov – The California Commission on Disability Access at www.cdda.ca.gov.*

ENFORCEMENT PROVISIONS IN CONCORD MUNICIPAL CODE

Penalty for Violation. Any person violating any of the provisions of Chapter 18, Article II of the Concord Municipal Code or knowingly or intentionally misrepresenting to any officer or employee of the City any material fact in procuring the license or permit herein provided for shall be deemed guilty of an infraction Concord Municipal code Section 18-33.

TOBACCO RETAILERS

As of January 1, 2007, all Tobacco Retailers must be licensed to sell tobacco products within the City of Concord. Applications are available at the City of Concord Finance Department, 1950 Parkside Drive, MS/06, Concord, CA 94519-2578. Concord Municipal Code Section 38-74.

PEDDLERS AND SOLICITORS

All peddlers and solicitors must first obtain a solicitors permit from the Concord Police Department. All solicitors and peddlers must carry on their person and conspicuously display the solicitor identification badge issued by the Concord Police Department. Business License, Encroachment Permit, or Use Permit must also be available upon request. Concord Municipal Code Section 18-442.