



CITY OF MARYSVILLE

Business License Office

526 "C" Street • P.O. Box 150 • Marysville, CA 95901

Phone: (530) 749-3901 • Fax: (530) 749-3992

NEW BUSINESS CHECKLIST

STREET ADDRESS: _____

ZONE: _____ APPROVED USE: _____ USE PERMIT REQUIRED: _____

FICTITIOUS BUSINESS STATEMENT ATTACHED: _____ NOT REQUIRED: _____
(Obtain from Yuba County Clerk, 935 14th Street)

HEALTH PERMIT ATTACHED: _____ NOT REQUIRED: _____
(Obtain from Yuba County Environmental Health, 938 14th Street)

EMPLOYEES: YES NO

YES - WORKERS' COMPENSATION INSURANCE CERTIFICATE: _____

NO - SIGNED CERTIFICATION: _____

FOR CITY USE

DATE SENT TO FIRE DEPARTMENT: _____

OTHER: _____



BUSINESS LICENSE APPLICATION

CITY OF MARYSVILLE
526 "C" STREET * P.O. BOX 150
MARYSVILLE, CA 95901
PHONE: (530) 749-3901

PLEASE CHECK ONE

- New Application
- Change of Owner
- Change of Address
- Change of Business Name
- Home Occupation

**PLEASE READ INSTRUCTIONS ON REVERSE SIDE
BEFORE COMPLETING THIS FORM**

Total Amt. Paid _____

Date Paid _____

Business Name _____

Business Location _____
(Not P.O. Box)

City _____ State _____ Zip Code _____

Mailing Address _____
(If different)

City _____ State _____ Zip Code _____

Business Phone () _____ Business Fax () _____

Email Address _____

Description of Business _____ Start Date _____

Ownership: Corporation Sole Proprietor Limited Liability Corporation
 Partnership Trust

State Lic. # _____ Lic. type _____ Exp. Date _____

Resale # _____ Federal ID # _____ State ID # _____

Enter below the names of the Owners, Partners, or Corporate Officers - Use additional sheets if necessary:

Name _____ Title _____
Address _____ Phone _____
_____ Cell Phone _____
City _____ State _____ Zip Code _____

Social Security # _____ Driver's License # _____

In case of emergency, please contact:

Name _____ Title _____
Address _____ Phone _____
_____ Cell Phone _____
City _____ State _____ Zip Code _____

Alarm Company (if applicable)

Name _____ Title _____
Address _____ Phone _____
_____ Cell Phone _____
City _____ State _____ Zip Code _____

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

Signature of Owner or Representative _____ Date _____

RETURN ENTIRE APPLICATION FORM TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO THE CITY OF MARYSVILLE

INSTRUCTIONS FOR COMPLETING YOUR BUSINESS LICENSE APPLICATION - PLEASE READ CAREFULLY: Our goal is to issue your business license as quickly as possible. In order to do so, we ask that you be specific and provide complete information on each line. If the information requested is not applicable, write N/A. The financial information provided will be held in strict confidence. This financial information will be used only for official City business.

BUSINESS INFORMATION

- 1) BUSINESS NAME: Enter the name of your business
- 2) BUSINESS LOCATION: Enter the business address (do not use P.O. Box)
- 3) MAILING ADDRESS: Enter the business mailing address, including zip code
- 4) BUSINESS PHONE & FAX: Enter the business phone and fax numbers
- 5) EMAIL ADDRESS: Enter the business email address
- 6) START DATE: Enter date the business first opened
- 7) DESCRIPTION OF BUSINESS: Enter type of business and indicate products sold
- 8) OWNERSHIP: Check the appropriate box
- 9) STATE LICENSE NUMBER: Enter your assigned State Contractor's License Number, if you have one
- 10) LICENSE TYPE: Enter the type of State Contractor license issued
- 11) EXPIRATION DATE: Enter the date the State Contractor License expires (month/day/year)
- 12) RESALE NUMBER: Enter the Board of Equalization Account Number that was assigned to your business for reporting sales tax information
- 13) FEDERAL EMPLOYER I.D. NUMBER: Enter Federal Employer I.D. Number, if you have one
- 14) STATE EMPLOYER I.D. NUMBER: Enter State Employer I.D. Number, if you have one

OWNER/OFFICER INFORMATION

- 1) OWNER/OFFICER INFORMATION: If business is a Sole Proprietorship or Trust, enter name (Last, First, M.I.). If the business is a Corporation or Partnership, enter the Corporation or Partnership Name as recorded with the Secretary of State or IRS.
- 2) HOME ADDRESS/PHONE: Enter home office address of corporation or residence address of sole proprietor and owner's home phone number
- 3) SOCIAL SECURITY NUMBER: Enter the owner's social security number
- 4) DRIVER'S LICENSE NUMBER: Enter the owner's driver's license number

Your application may be reviewed by the following departments:

	Signature	Date
<input type="checkbox"/> City Planning Department	_____	_____
<input type="checkbox"/> City Fire Department	_____	_____
<input type="checkbox"/> City Police Department	_____	_____

CHECKS SHOULD BE MADE PAYABLE TO THE CITY OF MARYSVILLE

BUSINESS LICENSE FEE SUMMARY

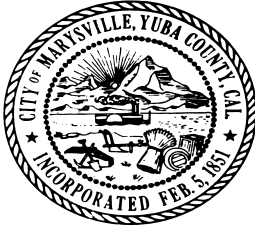
RATES BASED ON GROSS RECEIPTS	At Least	But Less than	Business License Rate	
Every business transacting or carrying on business in Marysville, and not falling within the categories described in Sections 5.04-260 or 5.04.270 of the City's ordinance, shall be classified in accordance with the amount of its gross receipts in the City during the preceding calendar year and shall pay a license fee based on a percentage of its annual gross receipts as follows:	0	50,000	0.001	Minimum Annual License Fee: \$30
	50,001	100,000	0.0009	
	100,001	200,000	0.0008	Maximum Annual License Fee: \$1,000
	200,001	300,000	0.0007	
	300,001	400,000	0.0006	For Businesses beginning on or after January 1 of any year, Minimum License Fee: \$15
	400,001	600,000	0.0005	
	600,001	1,000,000	0.0004	
	1,000,001		0.0003	

RATES ON CONTRACTORS AND SUBCONTRACTORS

Contractor:	\$60 per quarter or \$200 per year
Subcontractor:	\$30 per quarter or \$100 per year
Maximum Annual Tax Payable by any Contractor or Subcontractor:	\$625

FLAT RATE ON BUSINESSES NOT AT FIXED PLACE:

Carnivals, Circuses, and Sideshows	\$100 per day
Farmers' Market, Swap Meets, Artist Craft Fairs, Special Events, Exhibitions, and	\$5 per day
Peddlers, Solicitors and Canvassers	\$30 per quarter per person, or \$100 per year
Services, Nonresident	\$30 per quarter or \$100 per year
Transportation of Merchandise, Nonresident	\$30 per quarter or \$100 per year



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BUSINESS LICENSE AFFIDAVIT

BUSINESS NAME _____

BUSINESS LICENSE NUMBER _____

Your Business License Tax for operating a business inside the City of Marysville is computed on the basis of your annual gross receipts. Please complete this affidavit and return it, along with your remittance and the enclosed Business License Questionnaire and Workers' Compensation Declaration, to City Hall, P.O. Box 150, Marysville, CA 95901. Remember that for each business which fails to comply with this request, the Marysville Municipal Code directs the Collector to determine the amount of license tax due from whatever information she may be able to obtain. If the remittance is not received, a 10% penalty will be added for each month the remittance is late, up to a penalty of 100%.

Please indicate the classification under which you belong and circle the amount you are remitting:

	<u>Per Day</u>	<u>No. of Days</u>	<u>Total</u>
<input type="checkbox"/> Carnivals, Circuses, and Sideshows	\$100	_____	\$ _____
<input type="checkbox"/> Farmers' Markets, Swap Meets, Artist Craft Fairs, Special Events, Exhibitions, and Performances	\$5	_____	\$ _____

	<u>Per Quarter</u>	<u>Per Year</u>
<input type="checkbox"/> Services, Non-Resident	\$30	\$100
<input type="checkbox"/> Peddlers, Solicitors, and Canvassers	\$30	\$100
<input type="checkbox"/> Transportation of Merchandise, Non-Resident	\$30	\$100

Please Indicate Quarter:

- July 1 to September 30
 October 1 to December 31
 January 1 to March 31
 April 1 to June 30

DO YOU WISH TO BE BILLED
FOR THE NEXT QUARTER?

Yes No

I CERTIFY UNDER PENALTY OF PERJURY, THAT THE ABOVE INFORMATION PROVIDED BY THE UNDERSIGNED IS TRUE AND CORRECT.

Signature: _____

Title: _____

Date: _____

WORKERS' COMPENSATION DECLARATION

BUSINESS NAME: _____

BUSINESS LICENSE NUMBER: _____

I hereby affirm, under penalty of perjury, one of the following declarations:

- I have and will maintain workers' compensation insurance, as required by Section 3700, for the duration of any business activities conducted for which this license is issued.

My workers' compensation insurance carrier and policy number are:

Carrier: _____

Policy Number: _____

- I certify that in the performance of any business activities for which this license is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with the provisions of Section 3700.

- I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided by Section 3700, for duration of any business activities conducted for which this license is issued.

Signature: _____

Title: _____

Date: _____

WARNING! FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO \$100,000, IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEYS' FEES.