

# CITY OF GILROY BUSINESS LICENSE APPLICATION FORM

**7351 Rosanna Street  
Gilroy, CA 95020-6141  
(408) 846-0420 Fax (408) 846-0421**

<b>Finance To Fill In:</b> Business ID # _____ License ID# _____
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**Please complete both sides of this form and the supplemental form.** Omissions or misrepresentations will immediately cause revocation of this license. Sales or use tax may apply to your business activities. You may seek advice regarding the application of tax to your particular business by contacting the nearest State Board of Equalization Office.

**Procedure:** Each division in the sequence listed must sign the back of this application form. A business license must be issued before starting your business activity. If your business requires any other permits or licenses, you may not open your business until the required permits have been obtained. Commercial businesses please complete the "SUPPLEMENTAL FORM".

**ADA NOTE:** Do you have a qualified disability for which you request an accommodation? (Circle one) **YES NO**  
If yes, what accommodation do you desire? \_\_\_\_\_

**Regulatory Inspection/Review Fees:**

	Codes
<b>New/Moved-Home Occupation</b> \$ 70.00 + \$ 4.00 State Fee† _____	(2602 \$70, 2615 \$4)
<b>New/Moved-Other</b> \$120.00-\$370.00 + \$ 4.00 State Fee† _____	(2603 \$120, 2607 \$130, 2609 \$120, 2615 \$4)
<b>New/Moved-Regulated</b> \$190.00-\$560.00 + \$ 4.00 State Fee† _____	(2603 \$120, 2607 \$130, 2608 \$190, 2609 \$120, 2615 \$4)
<b>Out-of-town business</b> \$ 30.00 + \$ 4.00 State Fee† _____	(2604 \$30, 2615 \$4)
<b>Pretreatment/CUPA Review</b> \$ 40.00 _____	(2611)
<b>Change</b> \$ 15.00 _____	(2601) (excluding changes in ownership)
<b>Business License Fees- See Fee Schedule</b> _____	
<b>Other Licenses/Permits (Fire/Hazmat/PD)</b> _____	
<b>TOTAL FEES:</b> _____	\$ _____

**THIS BOX TO BE COMPLETED BY FINANCE:**

_____ Business is located within the city limits	_____ Business is located outside the city limits	
_____ Non-exempt business	_____ Misc. business	
_____ New business	_____ Change of ownership	_____ Change in location
_____ Exempt business (Non-profits must attach copy of certification)	_____ Home Occupation	

**CONTRACTORS LOCATED OUTSIDE OF GILROY CITY LIMITS COMPLETE THIS BOX:**

STATE LICENSE # \_\_\_\_\_ CLASS \_\_\_\_\_ EXP DATE: \_\_\_/\_\_\_/\_\_\_,  
*(July, Aug, Sep, Oct, Nov, Dec-June) (Jan, Feb, Mar-June) (Apr, May, June-Sep) (July, Aug, Sep-Dec) (Oct, Nov, Dec-Mar)*  
 Yearly \$150 \_\_\_\_\_ Semi-Annual \$90 \_\_\_\_\_ Semi-Annual \$90 \_\_\_\_\_ Semi-Annual \$90 \_\_\_\_\_

**BUSINESSES COMPLETE THIS SECTION:**

**BUSINESS TYPE** (check one): ( ) SALES/COM. LEASE/MEMBERSHIPS/ALL OTHER- Annual gross receipts \$ \_\_\_\_\_  
 ( ) CONTRACTOR ( ) PROF ( ) MASSAGE ( ) APTS (# units) \_\_\_\_\_ TRANSIENT \_\_\_\_\_ NON-PROFIT/EXEMPT \_\_\_\_\_  
 ( ) SERVICE ( ) VENDING MACHINE(S) (#) \_\_\_\_\_ ( ) DELIVERY VEH(S) (#) \_\_\_\_\_ TAXI CABS (#) \_\_\_\_\_

**OWNERSHIP TYPE** (circle one) *SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION TRUST*

**HOME-BASED BUSINESS?** (circle one) **YES NO**

**BUSINESS DESCRIPTION:** \_\_\_\_\_ **START DATE:** \_\_\_/\_\_\_/\_\_\_

† Governor Brown signed into law SB 1186 on September 19, 2012 and AB 1379 on October 11, 2017. SB 1186 added a state fee of \$1 on any applicant for a local business license or similar instrument or permit, or renewal, and AB 1379 changed the fee to \$4 effective January 1, 2018 thereof. The purpose is to increase disability access and compliance with construction-related accessibility requirements and to develop educational resources for businesses in order to facilitate compliance with federal and state disability laws, as specified.

† 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/dsa/Home.aspx](http://www.dgs.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.cdda.ca.gov](http://www.cdda.ca.gov).

**BUSINESS NAME/DBA:** \_\_\_\_\_

**BUSINESS ADDRESS:** (street) \_\_\_\_\_ (suite #) \_\_\_\_\_

(city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip) \_\_\_\_\_ - \_\_\_\_\_ (phone) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**MAILING ADDRESS** (street) \_\_\_\_\_ (city) \_\_\_\_\_ (St) \_\_\_\_\_ (zip) \_\_\_\_\_

**OWNER(S)/CORP. NAME** (first) \_\_\_\_\_ (mi.) \_\_\_\_\_ (last) \_\_\_\_\_

(first) \_\_\_\_\_ (mi.) \_\_\_\_\_ (last) \_\_\_\_\_

**OWNER ADDRESS:** (street) \_\_\_\_\_ (city) \_\_\_\_\_

(state) \_\_\_\_\_ (zip) \_\_\_\_\_ - \_\_\_\_\_ (phone) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**FEDERAL TAX ID #** \_\_\_\_\_ **SOCIAL SECURITY #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**STATE TAX ID #** \_\_\_\_\_ **STATE BOARD OF EQUALIZATION #** \_\_\_\_\_

**APPLICANT:** \_\_\_\_\_ / \_\_\_/\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**INSTRUCTIONS:** Complete the emergency call back / alarm card and send to the Police Department (mail or hand delivery ok). The card is used by the Dispatcher for emergency call back information. Obtain Signatures from each Department/Section listed below. Once completed return to Finance & pay fees. **COMMERCIAL BUSINESSES** also complete a **Supplemental Form** and sign conditions. **HOME OCCUPATIONS only need to obtain a Planning Signature and obtain a Home Occupation Permit**

**1. POLICE DEPARTMENT - 846-0310**

Cleared by \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
 Conditions/Requirements \_\_\_\_\_

Additional regulatory review/permit for items listed on right.

- |  |  |
|--|--|
| <input type="checkbox"/> Card Room / Gambling    | <input type="checkbox"/> Dancing               |
| <input type="checkbox"/> Arcade Entertainment    | <input type="checkbox"/> Adult Books/Video     |
| <input type="checkbox"/> Gun or Ammunition Sales | <input type="checkbox"/> Alcohol sales/serving |
| <input type="checkbox"/> Palm Reading/Psychic    | <input type="checkbox"/> Tattoo Parlor         |
| <input type="checkbox"/> Massage or Spa Services | <input type="checkbox"/> Smoking Parlor        |
| <input type="checkbox"/> Taxi Cabs/Tow Companies | <input type="checkbox"/> Mobile/Solicitor      |

**2. HEALTH DEPARTMENT**

Cleared by \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**Required for food sales, distribution or preparation**

South County Office: (408) 918-3477 or 918-3462  
 San Jose Plan Check Office: (408) 918-3400

**3. PLANNING - 846-0440**

Cleared by \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
 Conditions/Requirements \_\_\_\_\_

Zoning Consistent with Use: \_\_\_\_\_  
 Change in Use? Yes / No  
 Sign Permit Required? Yes / No  
 Downtown District? Yes / No  
 Existing Conditional Use: \_\_\_\_\_  
**Tobacco Products Sold? Yes / No**

**4. ENGINEERING - 846-0450**

Cleared by \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
 Conditions/Requirements \_\_\_\_\_

Historical Water / Sewer Use \_\_\_\_\_/\_\_\_\_\_  
 Proposed Water / Sewer Use \_\_\_\_\_/\_\_\_\_\_  
 Difference: Water / Sewer \_\_\_\_\_/\_\_\_\_\_  
 Fees due Water \$ \_\_\_\_\_ Sewer \$ \_\_\_\_\_

**5. BUILDING, LIFE & ENVIRONMENTAL SAFETY - 846-0430**

**A. BUILDING**

Cleared by \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
**Inspection Required : Yes / No**    **Date** \_\_\_/\_\_\_/\_\_\_  
 Conditions/Requirements \_\_\_\_\_  
 \_\_\_\_\_ (2609)

Building Modifications/Repairs? Yes No  
 If Yes, need to obtain building permit prior to signoff \_\_\_\_\_  
 Open construction permit? # \_\_\_\_\_  
 C of O required prior to License signoff ? Yes No  
 Occupancy: A\_, B , E\_, F\_, H\_, I\_, M, R\_, S\_, U\_  
 Is use consistent with the building? Yes No  
 Is this a change in occupancy ? Yes No  
 HOLD Business License Certificate for C of O.

**B. FIRE PREVENTION/HAZARDOUS MATERIALS**

Cleared by \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
**Inspection Required : Yes / No**    **Date** \_\_\_/\_\_\_/\_\_\_  
 Conditions/Requirements \_\_\_\_\_  
 \_\_\_\_\_ (2607)

Fire and/or Hazmat Permit Required: Yes No  
 If yes, completed application to be submitted.  
 Additional Permit Categories (circle all that apply)  
 C-UFC ,    C-FACSURCH ,    C-HMS0\_\_ ,  
 C-HWG\_\_    C-HWCA,    C-HWCE ,  
 C-HWPBR ,    C-USTOP x \_\_ ,    C-USTSURCH x\_\_  
 C- ARP ,    C-ARPSURCH ,

**C. CHEMICAL CONTROL**

Cleared by \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
**Inspection Required : Yes / No**    **Date** \_\_\_/\_\_\_/\_\_\_  
 Conditions/Requirements \_\_\_\_\_

Permit Required? Yes No,  
 If yes, completed application to be submitted. Permit  
 Category to be added to business license ( one):  
 IW-1,    IW-2 ,    IW-3 ,    IW-3R ,  
 IW-3W ,    IW-3D ,    IW-3M ,    IW-3P

**6. FINANCE - 846-0420**

Utility Water and Sewer \_\_\_\_\_

Cleared by \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**CBO TO HOLD CERTIFICATE TO C of O.**

**City of Gilroy**  
**7351 Rosanna Street**  
**Gilroy, Ca 95020-6141**  
**(408) 846-0420**  
**(408) 846-0421 (Fax)**

**BUSINESS LICENSE FEE SCHEDULE**

If work is commenced before obtaining a business license, you will be subject to a penalty of 25% the first month and an additional 10% each month thereafter and/or a citation. A delinquent penalty of 25% applies 30 days after the due date and an additional penalty of 10% applies each month thereafter. For specific requirements, see Chapter 13 of the Gilroy Municipal Code: <http://www.codepublishing.com/ca/gilroy/>.

Business License Regulatory Review/Inspection Fees:

- a. Change (other than location of ownership)/  
Renewal/Reprint \$ 15.00
- b. New/moved/change in location or ownership
  - 1. Commercial/Industrial:
    - A) No Fire/Bldg Inspections Required \$ 120.00
    - B) Only Fire Inspection Required \$ 250.00
    - C) Fire&Building Inspections Required \$ 370.00
  - 2. Home Occupation \$ 70.00
  - 3. Salon Space/Out-of-town business  
service address \$ 30.00
  - 4. Pretreatment/CUPA Review \$ 40.00
  - 5. \*Police Regulated Business Review \$ 190.00

\* If fee is not covered under the cost of regulatory permit

Apartments (at one location or address)

<u>Number of Units</u>	
0 - 2	\$ 0.00
3 - 5	\$ 40.00 annually
6 - 20	\$ 80.00 annually
21 - 40	\$ 120.00 annually
41 - 60	\$ 160.00 annually
61 - 80	\$ 200.00 annually
81 - 100	\$ 240.00 annually
101 - Over	\$ 280.00 annually

Licenses due July 1st of each year (City Code Sections 13.40-42)

Circus, Menagerie, Bullfight, Amusement Ride, Carnival, Fair, etc. (City Code Section 13.44(c))	\$ 200.00 for first day \$ 150.00 for each additional day
Contractors/Sub-Contractors: Semi-Annual (Out of town only) Annual	\$ 90.00 \$ 150.00
Motor Vehicles (delivery trucks, taxicabs*, tow trucks*, ambulances, etc.) *Note: Also needs permit	\$ 50.00/vehicle annually
Non-Professional business-type services (primary service function)	\$ 50.00 annually
Professions	\$ 100.00 annually
Seasonal Sales Stands (Christmas trees, fireworks, pumpkin patch, etc.) (City Code Section 13.44)	\$ 50.00
Transient Business License**: (Peddlers, Solicitors, Vendors, Vehicle, Wagon, Pushcart) **Note: Also needs permit	\$ 100.00 annually \$ 50.00/month
Vending/Music/Amusement Machines	\$ 10.00/machine annually

All Other-(see gross receipts schedule on reverse)

## City of Gilroy Business License Renewal Gross Receipts Schedule

<u>Annual Gross Receipts</u>		<u>License Fee \$</u>	<u>Annual Gross Receipts</u>		<u>License Fee \$</u>		
\$0	to	\$40,000	\$40	\$8,940,001	to	\$9,140,000	\$1,120
40,001	to	140,000	80	9,140,001	to	9,340,000	1,140
140,001	to	240,000	120	9,340,001	to	9,540,000	1,160
240,001	to	340,000	160	9,540,001	to	9,740,000	1,180
340,001	to	540,000	200	9,740,001	to	9,940,000	1,200
540,001	to	740,000	240	9,940,001	to	10,140,000	1,220
740,001	to	940,000	280	10,140,001	to	10,340,000	1,240
940,001	to	1,140,000	320	10,340,001	to	10,540,000	1,260
1,140,001	to	1,340,000	340	10,540,001	to	10,740,000	1,280
1,340,001	to	1,540,000	360	10,740,001	to	10,940,000	1,300
1,540,001	to	1,740,000	380	10,940,001	to	11,140,000	1,320
1,740,001	to	1,940,000	400	11,140,001	to	11,340,000	1,340
1,940,001	to	2,140,000	420	11,340,001	to	11,540,000	1,360
2,140,001	to	2,340,000	440	11,540,001	to	11,740,000	1,380
2,340,001	to	2,540,000	460	11,740,001	to	11,940,000	1,400
2,540,001	to	2,740,000	480	11,940,001	to	12,140,000	1,420
2,740,001	to	2,940,000	500	12,140,001	to	12,340,000	1,440
2,940,001	to	3,140,000	520	12,340,001	to	12,540,000	1,460
3,140,001	to	3,340,000	540	12,540,001	to	12,740,000	1,480
3,340,001	to	3,540,000	560	12,740,001	to	12,940,000	1,500
3,540,001	to	3,740,000	580	12,940,001	to	13,140,000	1,520
3,740,001	to	3,940,000	600	13,140,001	to	13,340,000	1,540
3,940,001	to	4,140,000	620	13,340,001	to	13,540,000	1,560
4,140,001	to	4,340,000	640	13,540,001	to	13,740,000	1,580
4,340,001	to	4,540,000	660	13,740,001	to	13,940,000	1,600
4,540,001	to	4,740,000	680	13,940,001	to	14,140,000	1,620
4,740,001	to	4,940,000	700	14,140,001	to	14,340,000	1,640
4,940,001	to	5,140,000	720	14,340,001	to	14,540,000	1,660
5,140,001	to	5,340,000	740	14,540,001	to	14,740,000	1,680
5,340,001	to	5,540,000	760	14,740,001	to	14,940,000	1,700
5,540,001	to	5,740,000	780	14,940,001	to	15,140,000	1,720
5,740,001	to	5,940,000	800	15,140,001	to	15,340,000	1,740
5,940,001	to	6,140,000	820	15,340,001	to	15,540,000	1,760
6,140,001	to	6,340,000	840	15,540,001	to	15,740,000	1,780
6,340,001	to	6,540,000	860	15,740,001	to	15,940,000	1,800
6,540,001	to	6,740,000	880	15,940,001	to	16,140,000	1,820
6,740,001	to	6,940,000	900	16,140,001	to	16,340,000	1,840
6,940,001	to	7,140,000	920	16,340,001	to	16,540,000	1,860
7,140,001	to	7,340,000	940	16,540,001	to	16,740,000	1,880
7,340,001	to	7,540,000	960	16,740,001	to	16,940,000	1,900
7,540,001	to	7,740,000	980	16,940,001	to	17,140,000	1,920
7,740,001	to	7,940,000	1,000	17,140,001	to	17,340,000	1,940
7,940,001	to	8,140,000	1,020	17,340,001	to	17,540,000	1,960
8,140,001	to	8,340,000	1,040	17,540,001	to	17,740,000	1,980
8,340,001	to	8,540,000	1,060	17,740,001	or more	\$2,000	
8,540,001	to	8,740,000	1,080				
8,740,001	to	8,940,000	\$1,100				