

CITY OF GILROY BUSINESS LICENSE APPLICATION FORM

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

Finance To Fill In:
Business ID # _____
License ID# _____

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

THIS BOX TO BE COMPLETED BY FINANCE:

<input type="checkbox"/> Business is located within the city limits	<input type="checkbox"/> Business is located outside the city limits
<input type="checkbox"/> Non-exempt business	<input type="checkbox"/> Misc. business
<input type="checkbox"/> New business	<input type="checkbox"/> Change of ownership
<input type="checkbox"/> Exempt business (Non-profits must attach copy of certification)	<input type="checkbox"/> Change in location
	<input type="checkbox"/> 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.
- The Department of Rehabilitation at www.rehab.cahwnet.gov.
- The California Commission on Disability Access at 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				



City of Gilroy

SB 205 Stormwater Discharge Compliance Form

Bus Name _____

Bus ID# _____

Senate Bill (SB) 205, signed by Governor Newsom in 2019, requires a person or entity who conducts a business operation that is a “regulated industry” to demonstrate enrollment with the National Pollutant Discharge Elimination System (NPDES) permit program. By providing specified information on an initial or renewal City business license application, enrollment in the NPDES permit can be confirmed. The goal of the program is to address the health and safety of drinking water sources statewide.

SB 205 does not affect all businesses. Only those businesses with primary Standard Industrial Classification (SIC) codes that are identified by the State Water Board as requiring enrollment in the Industrial General Permit (IGP) are affected. The questions below will guide you and the City in determining if your business requires enrollment in the IGP. **Completion and submission of this form is required for both 2020 new business license applications and renewals.**

1	<p>What is the physical location/address of this business? Complete a separate SB 205 Compliance Form for each physical location/address in Gilroy.</p>	
2	<p>What are the primary Standard Industrial Classification (SIC) codes for this business location? Look up your SIC Codes here: https://www.osha.gov/pls/imis/sicsearch.html and search by keyword(s) (for example: metal recycling) OR your insurance broker should also know your SIC code(s).</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
3	<p>Do any of the Primary SIC Codes from question #2 above match any of the regulated SIC codes listed on the Water Board website below? _https://www.waterboards.ca.gov/water_issues/programs/stormwater/sicnum.shtml</p>	<p><u>Circle One</u></p> <p>Yes</p> <p>No</p>
4	<p>If you circled NO to Question #3, sign the back of the page and return this form with your business license renewal. Nothing more for SB205 is required of the business at this time.</p>	
5	<p>If you circled YES in Question #3, has the business already obtained an Industrial NPDES Permit?</p>	<p><u>Circle One</u></p> <p>Yes</p> <p>No</p>



City of Gilroy

SB 205 Stormwater Discharge Compliance Form

6	<p>If you circled YES in Question #5, provide the requested information regarding the existing Industrial NPDES Permit. Sign the back of the page and return this form with your business license renewal. You are in compliance with SB205.</p>	WDID# _____ WDID Application # _____ NONA ID# _____ NEC ID# _____
7	<p>If you circled NO in Question #5, you need to enroll under the Stormwater Industrial General Permit (IGP) and provide the City with your permit numbers as described in Question #6 above.</p> <p>Sign and return this SB205 Compliance Form with your business license renewal now. Start the process of obtaining the Industrial General Permit by contacting the State or Regional Water Board at the information listed below. The City will issue you a 3-month provisional business license while you obtain the IGP and report the permit numbers to the City.</p>	

Declaration

I declare under penalty of perjury under the laws of California that the above information is true and correct to the best of my knowledge.

Print Name: _____

Signature: _____

Title: _____

Date: _____

For guidance on how to apply for coverage under the Stormwater Industrial General Permit, contact the State Water Board or local Regional Board.

State Water Board Contact:

Website: www.waterboards.ca.gov/waterboards_map.html

Email: stormwater@waterboards.ca.gov

Phone: 1-866-563-3107

Region 3 Central Coast Regional Water Board – San Luis Obispo Office Contact:

Website: <https://www.waterboards.ca.gov/centralcoast/>

Email: r3_stormwater@waterboards.ca.gov

Phone: 1-805-549-3147