BUSINESS LICENSE APPLICATION ADDITIONAL GUIDELINES

BUSINESS LICENSE & ZONING CERTIFICATE APPLICATION FORMS FOLLOW ON PAGES 2 & 3

If your business has a physical location within Cotati City limits, both the business license application and the zoning certificate application MUST be completed and approval obtained from the Planning, Building and Police Departments.

If your business does NOT have a physical location within Cotati City limits, only the business license application is required.

**PLANNING/BUILDING** - [http://cotaticity.org/city_hall/departments/community_development](http://cotaticity.org/city_hall/departments/community_development)


The Planning & Building Departments are located in City Hall

201 West Sierra Avenue Cotati, CA 94931

The Police Department is directly behind City Hall

203 W Sierra Ave, Cotati, CA 94931

City Hall office hours are Monday-Thursday 7:30 am-5:30 pm, closed 12pm-1pm for lunch.

For Questions, Please Call:

- Zoning Approvals call the Planning department at (707) 665-3634 or email jpharries@cotaticity.org
- Police Approval call Police Services at (707) 792-4611
- Business License questions call Administrative Services at (707) 665-3631 or e-mail businesslicenses@cotaticity.org
# BUSINESS INFORMATION - OBTAIN SIGNATURES AT BOTTOM IF PHYSICAL LOCATION IS WITHIN CITY LIMITS

- **Business Name / DBA:**
- **Physical Location of Business:**
- **City:**
- **State:**
- **Zip:**

- **Mailing Address, if Different:**
- **City:**
- **State:**
- **Zip:**

- **Business Owner(s):**


- **Business Phone:**
- **Emergency Phone:**
- **E-Mail:**

- **Check One:**
  - Corporation
  - Sole Proprietor
  - Partnership
  - LLC
  - Other

- **Federal Tax ID or Social Security #**:
- **Sales Tax / Resale #**:

- **Date Business Commencing in Cotati**:
- **Business Hours**:
- **Days Closed**:

## BUSINESS DESCRIPTION

- **Description of Business to be Performed**:

<table>
<thead>
<tr>
<th>Type</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Manufacturer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retail</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wholesale</td>
<td></td>
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<tr>
<td>Service</td>
<td></td>
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<tr>
<td>Professional</td>
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<tr>
<td>Restaurant / Bar</td>
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<td></td>
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<tr>
<td>Other</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Building Contractor</th>
<th></th>
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<tbody>
<tr>
<td>6 Months = $65.50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Months = $106.50</td>
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</table>

<table>
<thead>
<tr>
<th>Solicitor</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Advertising - $65.50 first, $4 each add'l</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sales/Door-to-Door - $106.50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delivery/Political/Religious/Non-Profit or Charitable - $0</td>
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</table>

<table>
<thead>
<tr>
<th>Advertising</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Billboard/Towed by Vehicle - $55.25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Each Handbill/Sample - $28.70 + $2</td>
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<td></td>
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<tr>
<td>add'l per person, per day</td>
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<table>
<thead>
<tr>
<th>Property Rental</th>
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</thead>
<tbody>
<tr>
<td># of Units</td>
<td></td>
<td></td>
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<tr>
<td>$10.25 Each Over Two Units + $4</td>
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</tbody>
</table>

## PLEASE ONLY CHOOSE ONE BUSINESS CLASSIFICATION FROM ABOVE: $______ Tax Due from above, this includes $4 SB1186 Fee

New operations, excluding contractors, shall be pro-rated 50% if start of business is after July 1.

## POLICE DEPARTMENT EMERGENCY INFORMATION

- **Alarm Type:**
  - Audible
  - Silent
  - Burglary
  - Robbery
  - Fire Alarm Company

- **Phone:**

## PLEASE INDICATE IF ANY OF THE FOLLOWING ARE ON THE PREMISES OF THE BUSINESS

- **Vending Machines as sole income, located in City – 1.5% of Gross Receipts**
- **Vending Machines not exclusive business - $15.38 each**
- **Billiards / Game Tables, non-coin operated - $30.75 first, $10.00 each thereafter**

<table>
<thead>
<tr>
<th>Planning Approval</th>
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<tbody>
<tr>
<td>Date:</td>
<td></td>
<td></td>
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<tr>
<td>Building Approval</td>
<td></td>
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<tr>
<td>Date:</td>
<td></td>
<td></td>
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<tr>
<td>Police Approval</td>
<td></td>
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<tr>
<td>Date:</td>
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</tbody>
</table>

**Signature:**

**Date:**
# Zoning Certificate Application

## For Business License Applications & Use Permit Transfers

<table>
<thead>
<tr>
<th>Address _____________________________________________________________________</th>
<th>Unit / Suite ________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Owner Name _______________________________________</td>
<td>Phone # _________ E-Mail ______________________</td>
</tr>
<tr>
<td>Business Name ______________________________________________________</td>
<td></td>
</tr>
<tr>
<td>Describe Products / Services Provided (attach additional sheet if needed) __________________________________________________________________________</td>
<td></td>
</tr>
</tbody>
</table>

Has the property owner authorized this business?  
Yes  
No  
Lease Area (sq. ft.) _______________________________

Do you intend to increase / decrease leased area?  
Yes  
No  
Install or modify sign?  
Yes  
No

Hours of Operation: Mon-Thu _______________  Friday _______________ Saturday _______________ Sunday ________________

Does the business have off-street parking?  
Yes  
No  
If yes, how many spaces? _____________________________

Location of parking:  
Same property  
Other location (describe & provide documentation) __________________________________________________________________________

Will you sell alcoholic beverages?  
Yes  
No  
If yes, list ABC license type ___________________________________________

Will you offer live entertainment or music?  
Yes  
No  
If yes, describe ____________________________________________

Will you have outdoor display or storage?  
Yes  
No  
Will you have outdoor dining?  
Yes  
No

Does the business involve marijuana?  
Yes  
No  
Will you sell tobacco products?  
Yes  
No

Is this business a medical marijuana dispensary as defined in Municipal Code Chapter 8.24?  
Yes  
No

Is this business a formula based fast food business as defined in the Land Use Code §17.42.071  
Yes  
No

Is this business a massage therapy use?  
Yes  
No  
If yes, please attach certificate __________________________________________________________________________

---STAFF USE ONLY---

Non-Conforming Use (no expansion)  
U.P. COA’s given to applicant  
Attachments:  
Floor Plan  
Site Plan  
Statement  
Other _______________

Previous Business at this Location ______________________ Date Previous Business Vacated ______________________

Zoning ______________________ Approved By ______________________ Date ______________________

Comments _______________________________________________________________________________________________________________