



# City of Rocklin

3970 Rocklin Road, Rocklin, CA 95677  
Phone (916) 625-5000 • www.rocklin.ca.us

## BUSINESS LICENSE APPLICATION

Please Check One

- New Business
- Change of Ownership
- Change of Location
- Change of Business Name
- Home Occupation

THE INFORMATION IN THIS SECTION WILL BE MADE PUBLIC UPON REQUEST

• For Office Use Only •

**Business Name** \_\_\_\_\_

**Corporate Name** \_\_\_\_\_  
(if applicable)

**Bus. Owner Name** \_\_\_\_\_

**Business Location** \_\_\_\_\_  
(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)

**Mailing Address** \_\_\_\_\_

**Business Phone No.** \_\_\_\_\_ **Business Fax No.** \_\_\_\_\_

**Bus. Email Address** \_\_\_\_\_ **Website Address** \_\_\_\_\_

**Ownership**     Corporation     Corp-Ltd Liability     Partnership     Sole Proprietor     Trust

**Business License No.** \_\_\_\_\_

**Category:** \_\_\_\_\_

**Date/Amount:** \_\_\_\_\_

**Bus. Start Date** \_\_\_\_\_

**Seller's Permit #** \_\_\_\_\_

**Federal ID No.** \_\_\_\_\_

**State ID No.** \_\_\_\_\_

Contractor Only

**State Lic. No.** \_\_\_\_\_

**State Lic. Type** \_\_\_\_\_

**Expire Date** \_\_\_\_\_

**CONFIDENTIAL INFORMATION: ENTER BELOW NAMES OF OWNERS, PARTNERS, OR CORPORATE OFFICERS**

**1st Owner Name** \_\_\_\_\_ **Title** \_\_\_\_\_ **Soc. Sec. No.** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **Home Phone No.** \_\_\_\_\_  
(Cannot be P.O. Box)

**Email Address** \_\_\_\_\_

**2nd Owner Name** \_\_\_\_\_ **Title** \_\_\_\_\_ **Soc. Sec. No.** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **Home Phone No.** \_\_\_\_\_  
(Cannot be P.O. Box)

**Email Address** \_\_\_\_\_

**OTHER KEY MANAGERS NAME/TITLE:**

**Contact Name** \_\_\_\_\_ **Title** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Contact Name** \_\_\_\_\_ **Title** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Please describe the nature of your business:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Number of Full-Time Employees**

I acknowledge and understand that the Business License Certificate issued by the City of Rocklin is a receipt evidencing that I have paid the City of Rocklin business license tax imposed under Chapter 5.04 of the Rocklin Municipal Code for the year indicated. Issuance of the certificate does not entitle me to carry on the business without complying with all other City building and zoning ordinances and all other applicable laws. I take full and sole responsibility for determining that the business location stated above has the proper zoning and is in the appropriate type of structure, and for securing all necessary approvals prior to commencement of business at this location. **I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.**

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

• PLEASE SEE REVERSE SIDE OF THIS FORM •

# City of Rocklin • Business License Fee Information

## BUSINESS LICENSE TAX TABLES

ANNUAL GROSS RECEIPTS	Business License Tax - Per Year
Less than \$15,000	\$ 45.00
\$ 15,001 - 25,000	70.00
25,001 - 50,000	90.00
50,001 - 140,000	140.00
140,001 - 200,000	1.00 per thousand
200,001 - 530,000	200.00 plus 30¢ per thousand over 200,000
530,001	300.00 plus 50¢ per thousand over 530,001

CONTRACTOR		SUBCONTRACTOR		SERVICE		PROFESSIONAL	
One Year	\$225.00	One Year	\$120.00	One Year	\$70.00	One Year	\$145.00
Six Months	\$112.50	Six Months	\$ 60.00	Six Months	\$35.00	Six Months	\$ 72.50
Three Months	\$ 56.25	Three Months	\$ 30.00	Three Months	\$17.50	Three Months	\$ 36.25
One Month	\$ 18.75	One Month	\$ 10.00				

MANUFACTURING and PUBLIC UTILITIES	APARTMENTS/HOTELS (One Year)	TRANSPORTATION (One Year)										
\$200.00 plus 50¢ per ea. thousand over \$200,000 of annual gross receipts	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>3-6 Units</td> <td style="text-align: right;">\$15.00</td> </tr> <tr> <td>7-12 Units</td> <td style="text-align: right;">\$30.00</td> </tr> <tr> <td>13 or more Units</td> <td style="text-align: right;">\$30.00 plus \$1.25 for each unit over 12</td> </tr> </table>	3-6 Units	\$15.00	7-12 Units	\$30.00	13 or more Units	\$30.00 plus \$1.25 for each unit over 12	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>First Vehicle</td> <td style="text-align: right;">\$50.00</td> </tr> <tr> <td>Each additional vehicle</td> <td style="text-align: right;">\$25.00</td> </tr> </table>	First Vehicle	\$50.00	Each additional vehicle	\$25.00
3-6 Units	\$15.00											
7-12 Units	\$30.00											
13 or more Units	\$30.00 plus \$1.25 for each unit over 12											
First Vehicle	\$50.00											
Each additional vehicle	\$25.00											

### ADDITIONAL FEES:

<b>Business License Application</b> (Review of application for new business or change of business license information)	<b>\$ 17.00</b>
<b>Certificate of Occupancy</b> (For businesses operating from a commercial site within the City limits)	<b>\$281.00</b>
<b>Home Occupation Permit</b> (For businesses operating from a residence within the City limits)	<b>\$ 99.00</b>

## GENERAL INFORMATION

- ➔ **WHY DO I NEED A BUSINESS LICENSE?** The City of Rocklin imposes an annual tax on all businesses, trades, and professions operating in the City. The Business License Certificate is proof that the tax has been paid and must be updated annually as a condition of conducting the business.
- ➔ **WHY DO I NEED A CERTIFICATE OF OCCUPANCY?** A Certificate of Occupancy is your authorization to conduct business in a specific building/suite. It differs from the Business License in that it is intended to review the suitability for your proposed business in this building/suite. Typically, lending institutions and insurance companies require this document. **Before signing a lease** for the tenant space/building, you should check with the Rocklin Building Division to verify the intended use is in the appropriate type of structure.
- ➔ **WHAT ABOUT ZONING?** Obtaining a Business License Certificate does not mean your business location has the proper zoning. **Before signing a lease** for the tenant space/building, you should check with the Rocklin Planning Department to verify that the intended use is in the proper location.

## BUILDING DEPARTMENT COMMENTS (Rocklin Commercial Businesses Only)

It is the applicant's responsibility to schedule the necessary departmental inspections/approvals. Building approvals can be expedited by contacting the Building Division at 916-625-5120 directly to arrange for the necessary inspections. **Failure to obtain departmental approvals can result in delays to your scheduled opening.** The applicant must contact the Building Division as soon as possible and no later than 5 working days before the scheduled date of opening, to arrange for the necessary review/inspection.

It is imperative that you do not open for business until you have been given written approval from the Building Official. A Certificate of Occupancy will be mailed to you upon receipt of all proper approvals. If you are in the process of remodeling, including changing or adding signs, and have not obtained a building permit, please contact the Building Division to verify if a permit is required. If so, you will be given instructions on how to proceed in applying for the necessary permit(s).

## FIRE INSPECTION

All new businesses, applying for a Certificate of Occupancy, require a Fire Department inspection and clearance prior to opening for business. Inspections are made weekly on Wednesday through Friday, from 1:00 PM to 4:00 PM. Inspection appointments can be made by contacting the Fire Department at 916-625-5300, Monday through Friday, 9:00 AM to 4:00 PM and **must be made a minimum of 24 hours in advance.**

### Basic Requirements:

1. Provide a 2A:10BC (5lb) multi-purpose fire extinguisher which is mounted in an easily accessible and readily visible area.
2. Use of extension cords as a permanent wiring method is not permitted.
3. Aisle ways shall be not less than three (3) feet clear width.
4. Electrical breaker boxes shall be closed, labeled and in an accessible location.
5. Any further requirements will be made, if applicable, upon site inspection.

## OTHER AGENCIES (NON-CITY)

In addition to a business license, the applicant may need to obtain one or all of the following:

FICTITIOUS BUSINESS NAME STATEMENT  
 County Clerk  
 2954 Richardson Drive  
 Auburn, CA 95603  
 530-886-5610

SELLER'S PERMIT  
 California State Board of Equalization  
 3321 Power Inn Road, #210  
 Sacramento, CA 95826  
 916-227-6700

California Labor Code Section 3711 requires every applicant for a Business License Certificate to provide proof of worker's compensation coverage or exemption therefrom.



# City of Rocklin

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## WORKER'S COMPENSATION DECLARATION

### **CERTIFICATION OF WORKERS' COMPENSATION COMPLIANCE**

**NOTE:** EVERY BUSINESS APPLYING FOR A BUSINESS LICENSE FROM THE CITY OF ROCKLIN MUST PROVIDE PROOF OF VALID WORKERS' COMPENSATION INSURANCE OR OTHER PROOF OF COMPLIANCE WITH THE PROVISIONS OF SECTION 3700 OF THE CALIFORNIA LABOR CODE.

**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 of the California Labor Code, for the performance of the work for which this license is issued. Proof of workers' compensation coverage is attached.
- I have and will maintain a certificate of consent to self-insure for workers' compensation insurance, as required by Section 3700 of the California Labor Code, for the performance of the work for which this license is issued. A copy of the certificate of consent to self-insure is attached.
- I certify that, in the performance of the work for which this permit 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 California Labor Code, I shall forthwith comply with those provisions or this business license may be revoked.

**NAME OF BUSINESS:**

**AUTHORIZED SIGNATURE:**

**DATE:**



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# City of Rocklin

## CERTIFICATE OF OCCUPANCY APPLICATION

**PART I – APPLICANT MUST SUPPLY ALL REQUIRED INFORMATION OR INDICATE “N/A” OR “UNKNOWN”**

NAME OF BUSINESS / DBA:		BUSINESS PHONE:	
BUSINESS STREET LOCATION:		SUITE#:	ZIP CODE:
MAILING STREET ADDRESS (IF DIFFERENT):		CITY:	ZIP CODE:
DESCRIBE PROPOSED USE (IN DETAIL)			
<input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP		<input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED LIABILITY CORPORATION	
NAMES OF PARTNERS OR OFFICERS:		PROPERTY OWNER'S NAME:	
INDICATE NAME OF BUSINESS OWNER(S) TO BE LISTED ON CERTIFICATE:		PRIOR USE OR TENANT:	
		CONTACT PERSON FOR INSPECTION APPOINTMENT:	
		CONTACT PERSON'S PHONE:	DAYS/HOURS AVAILABLE:

**APPLICANT MUST COMPLETE ITEMS A - L**

<b>BUILDING</b>	<p>A.) <input type="checkbox"/> Yes <input type="checkbox"/> No Are any building alterations planned?</p> <p>B.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, has a permit been obtained / applied for?</p> <p>C.) <input type="checkbox"/> Yes <input type="checkbox"/> No Are any new signs planned?</p> <p>D.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, has a permit been obtained / applied for?</p> <p>E.) <input type="checkbox"/> Yes <input type="checkbox"/> No Will there be outside storage?</p> <p>F.) <input type="checkbox"/> Yes <input type="checkbox"/> No Continuation of existing use?</p> <p>G.) Number of employees including business operators: _____</p> <p>H.) Floor area devoted to use (sq ft): _____</p> <p>I.) Number of available restrooms: _____</p> <p>J.) Anticipated date of business opening: _____</p>	<b>FIRE</b>	<p>K.) <input type="checkbox"/> Yes <input type="checkbox"/> No Is building fire sprinklered?</p> <p>L.) If any of the following equipment or material is required for the proposed use, please check box below, and specify size, type or quantity on an “attachment”.</p> <p><input type="checkbox"/> Grease hood                      <input type="checkbox"/> Storage racks</p> <p><input type="checkbox"/> Wood working                      <input type="checkbox"/> Explosives</p> <p><input type="checkbox"/> Flammable liquids                      <input type="checkbox"/> Spray Painting</p> <p><input type="checkbox"/> Other hazardous materials</p>
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**PART II - OFFICIAL USE ONLY**

<b>SIGNOFFS REQUIRED AS CHECKED:</b>	<b>APPROVED BY:</b>	<b>DATE:</b>	<b>CONDITIONAL APPROVAL (LIST CONDITIONS BELOW)</b>
<input type="checkbox"/> Building Division (625-5120)	_____	_____	
<input type="checkbox"/> Engineering Division (625-5140)	_____	_____	
<input type="checkbox"/> Fire Dept (625-5300)	_____	_____	
<input type="checkbox"/> Planning Division (625-5160)	_____	_____	
<input type="checkbox"/> Police Dept (625-5400)	_____	_____	
<input type="checkbox"/> Public Works Dept (625-5500)	_____	_____	
<input type="checkbox"/> PCHD (Health Dept) (530-889-7141)	_____	_____	
<input type="checkbox"/> SPMUD (Sewer) (652-5877)	_____	_____	
<input type="checkbox"/> Other:	_____	_____	
<b>OCCUPANCY:</b>	<b>ZONING:</b>	<b>TYPE CONSTRUCTION:</b>	<b>ASSESSOR'S PARCEL #:</b>
<b>BUILDING PERMIT #:</b>	<b>FINAL DATE:</b>	<b>C.O. NUMBER:</b>	<b>DATE ISSUED:</b>
			<b>CERTIFICATE APPROVED BY:</b>

ROUTE:  Building  Planning  Fire  Police  Placer Health  Air Pollution Control District      Shell Final Date: \_\_\_\_\_



# Rocklin Police Department

Mark J. Siemens, Chief of Police  
4080 Rocklin Road  
Rocklin, California 95677  
(916) 625-5400

## EMERGENCY CONTACT INFORMATION FORM

Firm:	Type of Business:
Address:	Firm Phone:
Owner/Manager:	Home Phone:
Address:	

### CONTACT PERSON(S)

List person(s) that can be contacted **after** business hours. If person listed has key to business, check "Key".

[KEY]

- \_\_\_\_\_  PHONE: \_\_\_\_\_
- \_\_\_\_\_  PHONE: \_\_\_\_\_
- \_\_\_\_\_  PHONE: \_\_\_\_\_

### BUSINESS INFORMATION

<b>BUSINESS HOURS:</b>	Monday:	Tuesday:	Wednesday:
Thursday:	Friday:	Saturday:	Sunday:

**ALARM:**  No  Yes If yes, is it  AUDIBLE or  SILENT and is a  HOLD UP or  BURGLARY alarm.

Alarm Company:		Phone Number:	
Alarm Number:	Panel Location:	Reset Code:	
Alarm Type:	Reset Minutes:	Address at Rear:	
Police Department Has Key?	Dog on Premise?	Gun on Premise?	VIP Residence?

### COMMENTS:

\_\_\_\_\_

Today's Date \_\_\_\_\_

Opening Date: \_\_\_\_\_

If in the future there are any changes or additions to the above information, please contact the Rocklin Police Department at (916) 625-5400.

**PLEASE RETURN TO:**  
Rocklin Police, Attn: Records/Communication Manager

**PLACER COUNTY  
DIVISION OF ENVIRONMENTAL HEALTH (PCDEH)**

11454 "B" AVENUE, AUBURN, CALIFORNIA 95603  
(530) 745-2300

Receipt _____
Date _____ \$ _____

**HAZARDOUS MATERIALS AND EMISSIONS QUESTIONNAIRE**

**Issuing Building Department:**

- Auburn     Colfax     Lincoln     Loomis     Rocklin     Tahoe     Placer County

BLDG. PERMIT # \_\_\_\_\_ ASSESSOR'S PARCEL # \_\_\_\_\_

PROJECT NAME \_\_\_\_\_

PROJECT ADDRESS \_\_\_\_\_

NATURE OF BUSINESS \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ TELEPHONE # (\_\_\_\_) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

Pursuant to California Government Code Section 65850.2 the following information is requested as part of the commercial building permit application:

1. Does / Will you or your building occupant's business handle, store, or transport hazardous materials? **NO** \_\_\_\_ **YES** \_\_\_\_

NOTE: Hazardous materials are defined as any material that, because of its quantity, concentration, or physical or chemical characteristics, poses a significant present or potential hazard to human health and safety or to the environment if released into the workplace or the environment. "Hazardous Materials" include, but are not limited to, hazardous chemicals, hazardous waste, paints, oils, lubricants, fuels and any material which a handler or the administering agency has a reasonable basis for believing to be injurious to the health and safety of persons or harmful to the environment if released.

If YES, contact the Placer County Division of Environmental Health at **(530) 745-2300** for a review of the project.

2. Does the business/facility/operation have the potential to emit any air pollutant; e.g., dust, soot, odors, fumes, vapors, or other volatile organic compounds? **NO** \_\_\_\_ **YES** \_\_\_\_

If YES, contact the Placer County Air Pollution Control District (PCAPCD) at **(530) 745-2330** for permit requirements

3. Is the business/facility/operation to be located within 1000 feet of the outer boundary of a school or school site? **NO** \_\_\_\_ **YES** \_\_\_\_

Name of School \_\_\_\_\_

**COMPANY REPRESENTATIVE**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

PCDEH    PCAPCD

- The application has met or is meeting the applicable requirements of Section 25505, 25533, and 25534 of the Health and Safety Code and the requirements for a permit from the Placer County Air Pollution Control District.

- The above regulations do not apply to this facility at this time.

PCDEH \_\_\_\_\_  
(Date)

PCAPCD \_\_\_\_\_  
(Date)