

BUILDING PERMIT APPLICATION

| | | | |
|--|--|--|---|
| <i>For Office Use Only</i> | Date Recd: | APN(s): | Permit Appl. # |
| Code Enforcement: <input type="checkbox"/> Yes <input type="checkbox"/> No Case # _____ | Owner Authorization recd: <input type="checkbox"/> Yes <input type="checkbox"/> n/a | Business License <input type="checkbox"/> Yes <input type="checkbox"/> Pending <input type="checkbox"/> n/a | Paid with: <input type="checkbox"/> Cash <input type="checkbox"/> Credit <input type="checkbox"/> Check Check #: _____ |
| Occupancy Type: | Right to Farm Form recd: <input type="checkbox"/> Yes <input type="checkbox"/> n/a | Zoning: | Deposit: \$ |
| Construction Type: | Water Cons. Certificate recd: <input type="checkbox"/> Yes <input type="checkbox"/> n/a | Floodplain Designation: | Initials: |

Check all that apply: NEW ADDITION ALTERATION REPAIR REPLACE DEMO SPECIAL INSPECTION

Type of permit: BUILDING ELECTRICAL MECHANICAL PLUMBING GRADING DEMOLITION TENANT IMPRV.
 FIRE SPRINKLER SYSTEM FIRE ALARM SYSTEM OTHER _____

Type of use: SFD MOBILE HOME COMMERCIAL POOL ACCESSORY BLDG. OTHER _____

PLEASE PRINT CLEARLY

| | | |
|-------------------------|---------------------------------------|--|
| Project Address: | Square Footage (if applicable) | Estimated Valuation of Construction |
| | Existing: _____ Adding: _____ | \$ _____ |

Description of Work:

Permit Applicant: Owner Tenant Contractor Authorized Agent
 This permit is being applied for as Owner/Builder: Yes No

Name: _____ **Phone:** Cell

Full address: _____ **Email:** _____

Property Owner Name: _____ **Phone:** Cell

Full address: _____ **Email:** _____

Declaration by Construction Permit Applicant By my signature below, I certify to each of the following:
 I have read this construction permit application and the information I have provided is correct. I agree to comply with all applicable city and county ordinances and state laws relating to building construction. I authorize representatives of the City of Calistoga to enter the above-identified property for inspection purposes.
 I (We) agree to save, indemnify and keep harmless the City of Calistoga against judgments, cost, and expenses which may in any way accrue against the City in consequence of the granting of this permit.
 Owner California Licensed Contractor Authorized Agent (must have property owner sign form)

| | |
|-----------------------------------|--------------------|
| Applicant Signature: _____ | Date: _____ |
| Print Name: _____ | |

NOTICE: Time limitation of application An application for a permit for any proposed work shall be deemed to have been abandoned 180 days after the date of filing, unless such application has been pursued in good faith or a permit has been issued; except that the building official is authorized to grant one or more extensions of time for additional periods not exceeding 90 days each. The extensions shall be requested in writing and justifiable cause demonstrated.

Owner - Builder Declaration

I hereby affirm under penalty of perjury that I am exempt from the Contractors' State License Law for the reason(s) indicated below by the checkmark(s) I have placed next to the applicable item(s) (Section 7031.5, Business and Professions Code: Any city that requires a permit to construct, alter, improve, demolish or repair any structure, prior to its issuance, also requires the applicant for the permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors' State License Law (Chapter 9 commencing with Section 7000 of Division 3 of the Business and Professions Code) or that he or she is exempt from licensure and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.00):

Check all that apply:

- I, as owner of the property, or my employees with wages as their sole compensation, will do () all of or () portions of the work, and the structure is not intended or offered for sale (Section 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who, through employees' or personal effort, builds or improves the property, provided that the improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the Owner-Builder will have the burden of proving that it was not built or improved for the purpose of sale.).
- I, as owner of the property, am exclusively contracting with licensed Contractors to construct the project (Section 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who builds or improves thereon, and who contracts for the projects with a licensed Contractor pursuant to the Contractors' State License Law.).
- I am exempt from licensure under the Contractors' State License Law for the following reason:

By my signature below I acknowledge that, except for my personal residence in which I must have resided for at least one year prior to completion of the improvements covered by this permit, I cannot legally sell a structure that I have built as an owner-builder if it has not been constructed in its entirety by licensed contractors. I understand that a copy of the applicable law, Section 7044 of the Business and Professions Code, is available upon request when this application is submitted or at the following Web site: www.leginfo.ca.gov/calaw.html

Property Owner or Authorized Agent's Signature: _____

Date: _____

Printed Name: _____

California Licensed Contractor Declaration

| | | | |
|---------------------------------|---------------------|--------------------------|--|
| Company Name: _____ | | Phone _____ | |
| Mailing Address: _____ | | Email _____ | |
| State License No.: _____ | Class: _____ | Expiration: _____ | |
| Contact Person: _____ | | Cell Phone: _____ | |

I HEREBY AFFIRM UNDER PENALTY OF PERJURY that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

Contractor Signature: _____

Date: _____

Contractor Workers Compensation Coverage

I HEREBY AFFIRM UNDER PENALTY OF PERJURY of the following declarations:

I have and will maintain a certificate of consent to self-insure for workers' compensation, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

Policy No. _____

I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier _____ Policy No. _____ Expiration Date _____
Name of Agent _____ Tel No _____

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 Labor Code, I shall forthwith comply with those provisions. **WARNING: Failure to secure workers' compensation coverage is unlawful, and shall subject an employer to criminal penalties and civil fines up to one hundred thousand dollars (\$100,000), in addition to the cost of compensation, damages as provided for in Section 3706 of the labor code, interest, and attorney's fees.**

Declaration Regarding Construction Lending Agency

I HEREBY AFFIRM UNDER PENALTY OF PERJURY that there is a construction lending agency for the performance of the work for which this permit is issued (Section 8172, Civil Code). Confirmed OR There is no construction lender for this work

Lender's Name and Address: _____

I HEREBY AFFIRM UNDER PENALTY OF PERJURY to the above marked declarations:

Date: _____

Signature: _____



**CITY OF CALISTOGA
BUILDING DIVISION**

1232 Washington Street, Calistoga, CA 94515 • 707-942-2827

AUTHORIZATION OF AGENT TO ACT ON PROPERTY OWNER'S BEHALF

Excluding the Notice to Property Owner, the execution of which I understand is my personal responsibility, I hereby authorize the following company to apply for, sign, and file the documents necessary to obtain a Building Permit for my project.

APPLICATION PERMIT No.: _____

Project Address: _____ Calistoga CA

Company & Authorized Agent: Print please: _____

Company Address: _____

Contact Phone Number: _____

Scope of Construction Project (or Description of Work): _____

I declare under penalty of perjury that I am the property owner for the address listed above and I reviewed the above information and certify its accuracy.

Property Owner's Signature: _____

Please Print Name: _____

Date: _____



City of Calistoga
Smoke Alarm / CO Alarm Verification Form

BUILDING PERMIT # _____

Project Address _____

Dear Property Owner:

The California Residential Code (CRC) requires carbon monoxide (CO) and smoke alarms (Sections R314 and R315 respectively) to be installed in dwellings when building permits are issued, and the scope of work exceeds a total cost (or calculated valuation) of \$1,000.00.

In order to FINAL your permit, it is necessary to verify the installation of these alarms within your dwelling. This form also provides the property owner the ability to self-verify to Calistoga Planning and Building when work done does not allow convenient access to the interior of the dwelling (e.g., reroof or other exterior work).

By signing this document, the property owner certifies to Calistoga Planning and Building, that both Smoke and CO alarms have been installed on the above referenced project as specified below:

- SMOKE Alarms are installed in accordance with the approved manufacturer's instructions in all of the following areas:
- Each sleeping unit
- Hallways giving access to the sleeping unit(s)
- Each floor if multi-story
- Basements
CO - Carbon Monoxide Alarms are installed in accordance with the approved manufacturer's instructions in all of the following areas:
- Outside each sleeping unit
- On every floor level of dwelling unit, including basements, outside each sleeping unit.
- Within sleeping units where a fossil fuel burning appliance is installed (includes fireplaces)

Please Print Name, Sign and Date once all alarms are installed, OR to verify they are already. Form will be attached to the JOB COPY for the Building Inspector to sign-off at Final

Property Owner's Name (print please)

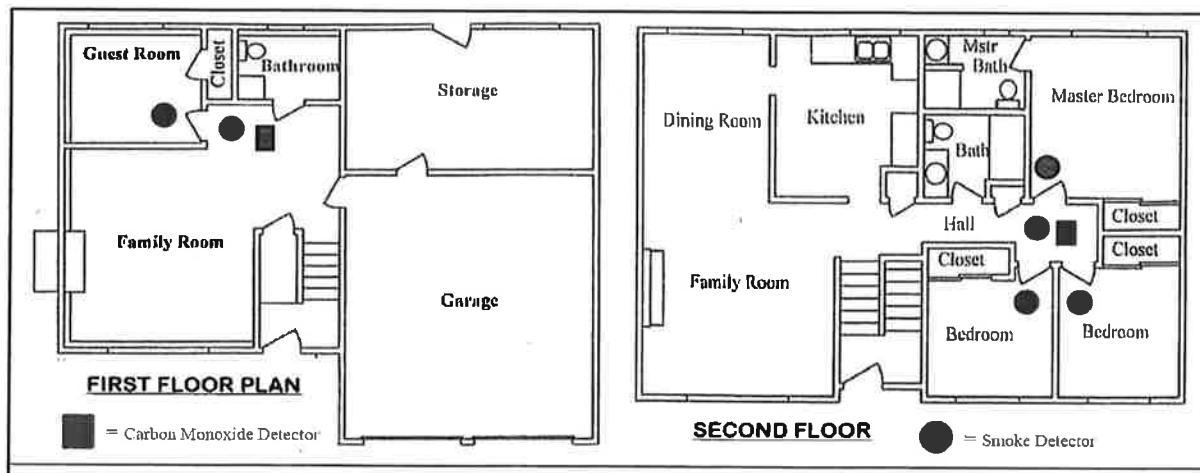
Owner's Signature

DATE

Guidelines for Owner Certification of Smoke/Carbon Monoxide Detector Compliance

- The "Owner Certification of Smoke/Carbon Monoxide Detector Compliance" form can be used on permitted projects where detectors are required and the work, such as re-roofing, re-siding, patio covers, swimming pools and the like, is performed on the exterior of the dwelling.
- **The completed form must only be signed by the property owner. Forms signed by tenants, contractors, relatives, etc. will not be accepted.**
- The owner must legibly print their name and sign in the spaces provided.
- The completed form must be submitted to the inspector by final inspection.
- In the case where the form is the only remaining correction notice item at final inspection, the completed form may be either emailed to the final inspector or submitted, along with a copy of the latest correction notice to the public permit counter.
- If you wish to have the job card signed off you may bring the card to the public permit counter as well, but this is not required for the completion of the permit process.
- Once the completed form is received and attached to the permit in the database, the permit will then be finalized by the inspector and the permitting process completed.

Residential Smoke and Carbon Monoxide Detector (Typical Locations)



Contractors: Please upload this form to the Citizen Portal-Accelerated Minor Permit:
<https://aca.accela.com/sacramento/Default.aspx>



New Business License Application

Remit To:

City of Calistoga
c/o MuniServices, LLC
438 East Shaw Ave Box 367
Fresno, CA 93710

THIS BOX IS FOR CITY USE ONLY.

- Approved Not Approved Not Required
- Received by: _____
- Amount Collected: \$ _____
- Cash Check Credit Card

Toll Free Support: (866) 240-3665

Fax: (855) 219-4338 **Email:** bizlicensesupport@muniservices.com

Internal Jur Code: 9931

TYPE OF APPLICATION

Select One:

- New License Application Change of Physical Address Name Change (No Change in FEIN)
- License Year: 20** _____ Change of Ownership Name Change (With FEIN Change)
- Reopening of Closed Account

Select One:

- Business is physically located in city limits of Calistoga and/or has commercial space in city limits. Business is physically located outside city limits of Calistoga

BUSINESS INFORMATION – Application must be completed in full.

Legal Business Name: _____ **DBA/Trade Name:** _____

Home-Based Business? Yes No **Federal ID #:** _____ **Begin Date of Business in City:** _____
(Required if applicable.)

Business Phone: _____ **Alternate Phone:** _____ **Fax:** _____

Business Physical Location: _____
(Street-No PO Box) (City) (State) (Zip)

Business Mailing Address: _____
(Address or PO Box) (City) (State) (Zip)

Ownership : Sole Proprietorship General Partnership Corporation LLC LLP Trust Other _____

Please describe your business activity in detail: _____

Business website: _____ **State Tax ID #:** _____ **State Resale #:** _____

Are you a Contractor? Yes No **California State License #:** _____ **Expiration Date:** _____
(Required if applicable.) (Required if applicable.)

State License # (if non-Contractor): _____ **State License Type:** _____ **Expiration Date:** _____

OWNER/OFFICER INFORMATION – Use separate sheet of paper with additional owner/officer information if necessary.

Name: _____ **SSN:** _____
(First Name) (Middle Initial) (Last Name) (Required.)

Home Address: _____
(Street-No PO Box) (City) (State) (Zip)

Cell Phone: _____ **Other Phone:** _____ **Birthdate:** _____ **Driver License State/#:** _____

Email Address: _____ **Fax #:** _____ **Title:** _____

Name: _____ **SSN:** _____
(First Name) (Middle Initial) (Last Name) (Required.)

Home Address: _____
(Street-No PO Box) (City) (State) (Zip)

Cell Phone: _____ **Other Phone:** _____ **Birthdate:** _____ **Driver License State/#:** _____

Email Address: _____ **Fax #:** _____ **Title:** _____

PRIMARY CONTACT (Business License Related Questions and/or Emergency Contact)

Name: _____ **Title:** _____ **Phone:** _____
(First Name) (Middle Initial) (Last Name)

Address: _____ **Cell Phone:** _____
(Street-No PO Box) (City) (State) (Zip)

ALARM COMPANY INFORMATION

Company Name: _____ **Phone #:** _____ **City License #:** _____



City of Calistoga New Business License Application

CALCULATE LICENSE AMOUNT DUE - Required for all applicants.*

Business Name: _____

Step 1: Select the schedule code and business category description from the City of Calistoga Fee Schedule that best describes your business. Enter the schedule code and description below, and use the calculation information provide to calculate the amount of license fee due.

| Column A | Column B | Column C | Column D | Column E | Column F | |
|---------------------------------------|---|--|--|---|-----------------------------------|----|
| Schedule Code (See reverse) | Classification/Business Description (Required. See reverse.) | Employee Count (Required, if applicable) | Unit Count (Required if applicable) | Flat Fee Amount (If applicable) | Calculated License Fee Due | |
| | | | Examples: # of days # of machines # of vehicles # of rentals | | | |
| | | | \$ | | | \$ |
| | | | \$ | | | \$ |

Step 2: License fee due (sum of column F above): \$ _____

Step 3: Add Processing Fee (required): \$ **12.00**

Step 4: Add CA Senate Fee SB-1186 (required): \$ **1.00**

Step 5: Total Amount Due* (sum of steps 2, 3 and 4): \$ _____

Make check payable to: Tax Trust Account
Internal Jur Code: 9931

FORMULA ACKNOWLEDGEMENT

Is the proposal a formula business, restaurant or visitor accommodation which by established or recognized practice, contract or other arrangement or membership affiliation maintains a common business name, standardized service, interior décor, exterior design, or use of a trademark or common logo substantially identical to another business, restaurant or visitor accommodation within or outside Calistoga? (See Sections 17.04.132, 17.04.616 and 17.04.639 for the applicable definition.)

Check one: Yes No

SWORN STATEMENT – Signature Required by All Applicants

I acknowledge that the City of Calistoga’s issuance of a Business License and payment of Business License Tax does not entitle me/authorized representative to conduct any business in the City that is in violation of any applicable laws. I further acknowledge that the City of Calistoga’s issuance of a Business License does not waive the City of Calistoga’s right in any way to enforce compliance with applicable laws against me/authorized representative. I hereby certify, under penalty of perjury, that the information in this application is true, correct, and complete to the best of my knowledge and belief. I agree to comply with all applicable laws and ordinances regulating the operation of this business.

Signature of Business Owner/Authorized Representative _____ Printed Name _____ Date _____

***All new business, change of ownership, change of location and change of name applications must be approved by the City of Calistoga** prior to a license being issued. Your application will be submitted to the City for review. Once approval has been received and all other criteria requirements have been met, MuniServices will be authorized to release your license.

\$1.00 State Mandated Disability Access Education Fee - On September 19, 2012 Governor Brown signed into law CA Senate Fee SB-1186 which adds a state fee of \$1 on any applicant for a local business license or similar instrument or permit, or renewal 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 or the California Commission on Disability Access at www.cdda.ca.gov.

Returned Check Disclaimer: When you make a payment by check, you authorize us to use information from your check to make a one-time electronic fund transfer from your checking account according to the terms of your check or to process that transaction as a check. When we use your check to make an electronic fund transfer, funds may be withdrawn from your checking account the same day we receive your payment, and you will not receive your check back from your financial institution. If there are insufficient funds in your checking account, you authorize us to charge a Returned Payment Fee as applicable in the amount set forth by law and collect that amount through an electronic fund transfer from your checking account, if permitted by applicable law. If another payment method is returned unpaid, by your bank, we may, if permitted by applicable law, charge a Returned Payment Fee.

City of Calistoga, CA

New Business License Application Fee Schedule

Questions? Contact Support toll free at (866) 240-3665 or bizlicensesupport@muniservices.com

- Rates provided below are for NEW businesses and CHANGE OF LOCATION applications.
- No license shall be transferable to another person.
- For the protection of the public, various types of business operations are regulated through the City of Calistoga Police, Fire, Building, Planning, Public Works Departments or the Napa County Environmental Health Division. Your business may or may not be so regulated.
- A separate license must be obtained for each and every branch establishment or separate place of business within the City at which a business is carried on.
- Employee Count – for definition per Calistoga Municipal Code 5.04.010, visit: <http://www.codepublishing.com/CA/Calistoga/>.
- To review the City of Calistoga's Municipal Code for Business Licenses, visit <http://www.codepublishing.com/CA/Calistoga/>.

| Schedule Code # | Description/Additional Information | New Application Submitted January 1 – June 30 | New Application Submitted July 1 – December 31 |
|-----------------|---|--|--|
| 1.00 | Ambulance Service | See below, Employee Count Rate Table | See below, Employee Count Rate Table |
| 2.00 | Amusement-Carnival | Day 1 & 2 No charge Each Additional Day \$92.24 | Day 1 & 2 No charge Each Additional Day \$92.24 |
| 2.01 | Amusement-Circus | \$184.48 per show | \$184.48 per show |
| 2.02 | Amusement-Dance | \$92.24 per show | \$92.24 per show |
| 2.03 | Amusement-Games | \$30.75 per show | \$30.75 per show |
| 2.04 | Amusement-Open Air Shows | \$130.00 per show | \$130.00 per show |
| 3.00 | Animal Care Services | See below, Employee Count Rate Table | See below, Employee Count Rate Table |
| 4.00 | Antiques, Secondhand Goods, Thrift Store, Consignment Shop, Souvenir Shop | See below, Employee Count Rate Table | See below, Employee Count Rate Table |
| 5.00 | Apartments | First Apartment \$46.12 Each Additional Apartment \$12.30 | First Apartment \$23.06 Each Additional Apartment \$ 6.15 |
| 6.00 | Art Dealer, Gallery, Sale of Art | See below, Employee Count Rate Table | See below, Employee Count Rate Table |
| 7.00 | Auctions, Flea Markets, Yard Sales | \$18.45 per event \$153.73 per year | \$18.45 per event \$76.87 for remaining year |
| 8.00 | Automotive Repair, Automotive Parts, Towing | See below, Employee Count Rate Table | See below, Employee Count Rate Table |
| 9.00 | Bar, Tasting Room | See below, Employee Count Rate Table | See below, Employee Count Rate Table |
| 11.00 | Barbershop, Beauty Salon, Nails, Personal Services (Massage, see below) | See below, Employee Count Rate Table | See below, Employee Count Rate Table |
| 12.00 | Bed & Breakfast | \$62.57 per room | \$62.57 per room |
| 13.00 | Coin Operated Vending or Pay Devices | \$12.30 per machine | \$12.30 per machine |
| 14.00 | Contractor – General or Electrical with CA Board License | \$83.04 flat fee | \$41.52 flat fee |
| 14.01 | Contractor without CA Board License | See below, Employee Count Rate Table | See below, Employee Count Rate Table |
| 14.02 | Contractor – Specialty with CA Board License | \$83.04 flat fee | \$41.52 flat fee |
| 15.00 | Firearm & Ammunition Sales (Authorized for Retail Sales of Firearms) | See below, Employee Count Rate Table | See below, Employee Count Rate Table |
| 16.00 | Gardener, Landscaper | See below, Employee Count Rate Table | See below, Employee Count Rate Table |
| 17.00 | Gasoline Station | See below, Employee Count Rate Table | See below, Employee Count Rate Table |
| 18.00 | Health Club, Mud Baths, Spa | See below, Employee Count Rate Table | See below, Employee Count Rate Table |
| 19.00 | Home Business Requires pre-approval from Planning Department | \$30.00 flat fee | \$15.00 flat fee |

| Schedule Code # | Description/Additional Information | New Application Submitted January 1 – June 30 | New Application Submitted July 1 – December 31 |
|------------------------|---|---|---|
| 20.00 | Hospitals, Retirement Homes, Assisted Living (Not deemed exempt) | See below, Employee Count Rate Table | See below, Employee Count Rate Table |
| 21.00 | Lodging, Inn, Hotel, Motel, Resort | See below, Employee Count Rate Table | See below, Employee Count Rate Table |
| 22.00 | Mail Order Goods | \$92.24 flat fee | \$46.12 flat fee |
| 23.00 | Manufacturers, Wholesalers | See below, Employee Count Rate Table | See below, Employee Count Rate Table |
| 24.00 | Massage Therapy | See below, Employee Count Rate Table | See below, Employee Count Rate Table |
| 25.00 | Medical/Dental Clinic | See below, Employee Count Rate Table | See below, Employee Count Rate Table |
| 26.00 | Newspaper or Publications (Fixed place in City) | See below, Employee Count Rate Table | See below, Employee Count Rate Table |
| 27.00 | Outside Service | \$73.79 flat fee | \$36.90 flat fee |
| 28.00 | Passenger Transportation Services, Vehicles for Hire Requires pre-approval from City Council (Taxicabs, see below.) | See below, Employee Count Rate Table | See below, Employee Count Rate Table |
| 29.00 | Peddlers or Solicitors Requires pre-approval from Police Department | \$12.30 per day \$122.99 per year | \$12.30 per day \$61.49 for remaining year |
| 30.00 | Professional Services | See below, Employee Count Rate Table | See below, Employee Count Rate Table |
| 5.01 | Real Estate, Property Management | See below, Employee Count Rate Table | See below, Employee Count Rate Table |
| 5.02 | Rental Dwellings 3 Units or Less | 3 Units or Less First Unit \$29.84 Units 2 and 3 \$ 8.44 /EA | 3 Units or Less First Unit \$14.92 Units 2 and 3 \$ 4.22 /EA |
| 5.03 | Rental Dwellings 4 Units or More | 4 Units or More First Unit \$53.71 Each Additional Unit \$12.39 | 4 Units or More First Unit \$26.86 Each Additional Unit \$ 6.20 |
| 31.00 | Restaurant, Café, Bakery, Eating Place | See below, Employee Count Rate Table | See below, Employee Count Rate Table |
| 32.00 | Retail Sales | See below, Employee Count Rate Table | See below, Employee Count Rate Table |
| 33.00 | Retail Service | See below, Employee Count Rate Table | See below, Employee Count Rate Table |
| 28.01 | Taxicabs Requires pre-approval from City Council | First Taxi \$55.34 Each Additional Taxi \$36.90 | First Taxi \$27.67 Each Additional Taxi \$18.45 |
| 5.04 | Trailer & Mobile Home Park | First Trailer \$46.12 Each Additional Trailer \$12.30 | First Trailer \$23.06 Each Additional Trailer \$ 6.15 |
| 34.00 | Transport & Delivery | First Vehicle \$73.79 Each Additional Vehicle \$27.57 | First Vehicle \$36.90 Each Additional Vehicle \$13.84 |
| 35.00 | Unclassified Businesses | See below, Employee Count Rate Table | See below, Employee Count Rate Table |
| 36.00 | Utilities-Bus Company, Telegraph, Telephone, Gas or Electric (Not already paying franchise tax) | See below, Employee Count Rate Table | See below, Employee Count Rate Table |
| 37.00 | Veterinarian | See below, Employee Count Rate Table | See below, Employee Count Rate Table |
| 38.00 | Warehouse, Storage Facility, Wine Storage | See below, Employee Count Rate Table | See below, Employee Count Rate Table |
| 39.00 | Wine Shop | See below, Employee Count Rate Table | See below, Employee Count Rate Table |

Employee Count Rate Table

| New Application Submitted January 1 – June 30 | | | | New Application Submitted July 1 – December 31 | | | |
|--|-----------|----------|--|---|-----------|----------|--|
| 1-2 | Employees | \$101.46 | | 1-2 | Employees | \$ 50.73 | |
| 3-5 | Employees | \$184.48 | | 3-5 | Employees | \$ 92.24 | |
| 6-10 | Employees | \$350.51 | | 6-10 | Employees | \$175.26 | |
| 11+ | Employees | \$553.44 | | 11+ | Employees | \$276.72 | |