

## CITY OF CAPITOLA 420 CAPITOLA AVENUE www.cityofcapitola.org

(8 3 1) 4 7 5 - 7 3 0 0 F a x (8 3 1) 4 7 9 - 8 8 7 9

## **Business License Application**

Please Select: O NEW BUSINESS O RENEWAL

(Business License # for renewal: \_\_\_\_\_)

For renewals, completed form and payment must be received before or postmarked by Jan. 15<sup>th</sup>. Renewals received or postmarked after Jan. 15<sup>th</sup> will be assessed a \$25.00 administrative late fee, **plus** a 10% penalty of the tax due for each month or partial month the tax is late. Note: 10% penalty continues to accumulate each month or partial month the tax is late until the tax is paid in full. (Council Resolution # 3532)

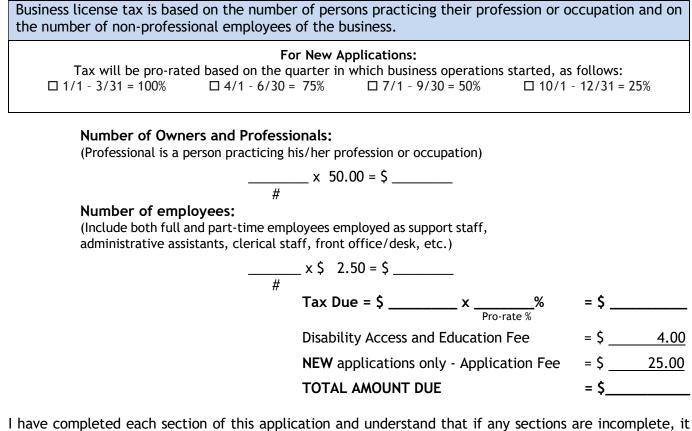
Businesses whose projected gross revenues will be less than \$3,022 per year are <u>not</u> required to obtain a City of Capitola business license. (Capitola Municipal Code, section 5.04.010)

Business Information						
Business Name (D.B.A.)						
Business Address	)	City	State	Zip		
Is this a residential address? $\bigcirc$ Yes $\bigcirc$ No						
Business Phone Number						
Mailing Address		City	State	Zip		
Ownership: O Sole Owner O LLC OTax-Exempt Organiza	tion OPartnership	$\circ$ $\circ$ Corporation $\circ$ F	inancial	Institution		
Type of Business: O RetailO ProfessionalO ContractorO Miscellaneous (includes non-profit)O Coin Operated & Vending Machines						
Primary function of business (please describe):						
Owner Information						
Owner Name						
Owner Address						
Phone Number		City	State	Zip		
Business Operations Information						
Business Start Date						
Federal ID Number (Businesses with Employees)						
Board of Equalization Account Number (Retail)						
For Contractors or Other State Licensed Businesses:						
License Number	E	Expiration Date				

Note: Tax calculation on reverse side must be completed and signed.

## **PROFESSIONS & PERSONAL SERVICE**

BUSINESS LICENSE TAX CALCULATION WORKSHEET



I have completed each section of this application and understand that if any sections are incomplete, it may delay the issuance of the License. In addition, I understand that any change in ownership will void this License and require a new application.

Under penalty of perjury, I declare that I am authorized to submit this application and that to the best of my knowledge and belief, all information in this Business License application is true and correct for the tax year stated, in compliance with the provisions of the City of Capitola's Business License ordinance.

Signature of applicant o	r agent	Please Print Name	
Title	/ Date		

**\*\* AB 1186 NOTICE**: 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 State Architect at <u>www.dgs.ca.gov/dsa.Home.aspx</u> | The Department of Rehabilitation at <u>www.rehab.cahwnet.gov</u> | The California Commission on Disability Access at <u>www.ccda.ca.gov</u>.

**\*\* AB 783 NOTICE:** All single-user toilet facilities in any business establishment, or place of public accommodation shall be identified as all-gender toilet facilities by signage that complies with Title 24 of the California Code of Regulations and designated for use by no more than one occupant at a time or for family or assisted use.