



**CITY OF CAPITOLA**  
**420 CAPITOLA AVENUE**  
 www.cityofcapitola.org  
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 F a x (8 3 1) 4 7 9 - 8 8 7 9

# Business License Application

Please Select:  NEW BUSINESS  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 not required to obtain a City of Capitola business license. (Capitola Municipal Code, section 5.04.010)*

| Business Information   |  |                       |                       |
|--|--|-----------------------|-----------------------|
| Business Name (D.B.A.) _____<br>Name will appear on License Certificate  |  |                       |                       |
| Business Address _____<br>(For Contract Employees: Salon/Studio Location)  |  | City _____            | State _____ Zip _____ |
| Is this a residential address? <input type="radio"/> Yes <input type="radio"/> No  |  |                       |                       |
| Business Phone Number _____  |  | E-mail Address _____  |                       |
| Mailing Address _____  |  | City _____            | State _____ Zip _____ |
| Ownership: <input type="radio"/> Sole Owner <input type="radio"/> LLC <input type="radio"/> Tax-Exempt Organization <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="radio"/> Financial Institution    |  |                       |                       |
| Type of Business: <input type="radio"/> Retail <input type="radio"/> Professional <input type="radio"/> Contractor<br><input type="radio"/> Miscellaneous (includes non-profit) <input type="radio"/> Coin Operated & Vending Machines |  |                       |                       |
| Primary function of business (please describe): _____  |  |                       |                       |
| Owner Information  |  |                       |                       |
| Owner Name _____   |  |                       |                       |
| Owner Address _____  |  | City _____            | State _____ Zip _____ |
| Phone Number _____   |  | Email Address _____   |                       |
| 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 _____   |  | Expiration Date _____ |                       |

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

# RETAIL SALES & GENERAL BUSINESS

## BUSINESS LICENSE TAX CALCULATION WORKSHEET

Business license tax is based on the estimated gross receipts of the business.

**Note:** For new applications, use the estimated receipts for the remainder of the calendar year.

Estimated annual gross receipts are: \$ \_\_\_\_\_

| Annual Gross Receipts | Annual Tax |
|-----------------------|------------|
| \$0 - 50,000          | 25.00      |
| 50,001 - 100,000      | 50.00      |
| 100,001 - 150,000     | 75.00      |
| 150,001 - 200,000     | 100.00     |
| 200,001 - 250,000     | 125.00     |
| 250,001 - 300,000     | 150.00     |
| 300,001 - 350,000     | 175.00     |
| 350,001 - 400,000     | 200.00     |
| 400,001 - 450,000     | 225.00     |
| 450,001 - 500,000     | 250.00     |
| 500,001 - 600,000     | 300.00     |
| 600,001 - 700,000     | 350.00     |
| 700,001 - 800,000     | 400.00     |
| 800,001 - 900,000     | 450.00     |
| 900,001 - 1,000,000   | 500.00     |

Over 1,000,000 = [(TOTAL GROSS RECEIPTS - \$1,000,000) x (.00025)]+500.00

Annual Tax \$ \_\_\_\_\_

Disability Access and Education Fee \$ \_\_\_\_\_ 4.00

NEW applications only - Application Fee \$ \_\_\_\_\_ 25.00

**Amount Due** \$ \_\_\_\_\_

I have completed each section of this application and understand that if any section is 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 or 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 [www.dgs.ca.gov/dsa.Home.aspx](http://www.dgs.ca.gov/dsa.Home.aspx) | The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov) | The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov).

**\*\* 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.