



CITY OF CAPITOLA

420 CAPITOLA AVENUE CAPITOLA, CA 95010

www.cityofcapitola.org

(831) 475-7300 Fax (831) 479-8879

Business License Application

Please select: *New* (original application) *Renewal* (Bus Lic # _____) *Calendar Tax Year* _____

Renewal and payment must be received before or postmarked by Jan. 15th. (Council Resolution # 3532) Renewals received or postmarked after Jan. 15th will be assessed a \$35.00 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)

BUSINESS NAME

(Please Print Clearly. This name will be appear on your License.)

Business address

(Can Not be a PO box)

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

Mailing address

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

E-Mail Address

OWNER: Name(s) (1) _____ (2) _____

Address (1) _____ (2) _____

City/State/Zip (1) _____ (2) _____

Phone (1) (____) _____ (2) (____) _____

Federal Employer Tax ID Number (for businesses with employees) _____

Board of Equalization Account Number (for retail businesses) _____

Legal Status (circle one): Individual - Partnership - Corporation - Tax-Exempt Org. (attach IRS 501(c)(3) letter)

Primary function of business (please describe): _____

Type of Business (check the one that best matches your business type):

- Retail sales/general business (includes restaurants)
- Professional or personal service
- Contractor/Builder
- Coin-operated device(s) &/or vending machine(s)
- Other (miscellaneous)

Contractors & other state-licensed business:

If your business is required to be licensed by the Contractors' State License Board or another state agency, the City must verify that you possess such a license. Please provide the name & address that the license is issued to:

Name _____ Expiration Date _____

Address _____ License Type _____

City _____ State _____ Zip _____ License Number _____

Contact & Emergency information:

Local Manager's Name _____ Phone (____) _____

Other Contact Name _____ Phone (____) _____

Please note: Tax calculation on reverse side must be completed and signed. Thank You.

RETAIL SALES & GENERAL BUSINESS

BUSINESS LICENSE TAX CALCULATION WORKSHEET

THE LICENSE TAX IS BASED ON THE ESTIMATED GROSS RECEIPTS OF THE BUSINESS.

Estimated annual gross receipts are: \$ _____

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

Annual Gross Receipts	Annual Tax
\$ 0 - \$ 2,418=	\$.00
2,419 - 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
1,000,001 - 20,000,000=	500.00 PLUS *
* [(TOTAL GROSS RECEIPTS - \$1,000,000) x (.00025)]	

Annual Tax \$ _____

NEW applications only – Application Fee \$37 \$ _____

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