



CITY OF CAPITOLA
420 CAPITOLA AVENUE
www.cityofcapitola.org
(831) 475-7300
Fax (831) 479-8879

2020 Business License Application

Business License # _____

For Office Use Only

Home Occupancy Permit Required [] Yes [] No

Planning Approval _____

Finance Director Approval _____

Please Select: NEW BUSINESS RENEWAL

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 Information

Business Name _____ Business Start Date _____
Name will appear on License Certificate

Business Address _____ City _____ State _____ Zip _____
(For Contract Employees: Salon/Studio Location)

Business Phone Number _____

Mailing Address _____ City _____ State _____ Zip _____

Type of Business: Retail Professional Contractor Coin-Operated Device/Vending Machine Other

Primary function of business (please describe): _____

Owner Information

Owner Name _____

Owner Address _____ City _____ State _____ Zip _____

Phone Number _____ Email Address _____

Additional Information

Federal ID Number (Businesses with Employees) _____

Board of Equalization Account Number (Retail) _____

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

Emergency Contact Name _____ Phone number _____

Contractor or Other State Licensed Businesses:

License Number _____ Expiration Date _____

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

COIN-OPERATED DEVICES & VENDING MACHINES

BUSINESS LICENSE TAX CALCULATION WORKSHEET

Please select your Business Type:

_____ (1) Owner/Operator of business where machines are installed - Complete Section (1)

_____ (2) Distributor of machines - Complete section (2)

*For New Applications:

Tax will be pro-rated based on the quarter in which business operations started, as follows:

1/1 - 3/31 = 100%

4/1 - 6/30 = 75%

7/1 - 9/30 = 50%

10/1 - 12/31 = 25%

Section (1) THE LICENSE TAX IS BASED ON THE NUMBER OF MACHINES INSTALLED FOR PUBLIC PATRONAGE.

Number of coin-operated vending or amusement machines installed for public patronage at the Business address listed on this application

_____ x \$25.00 = \$ _____

#

Disability Access and Education Fee = \$ 4.00

NEW Applications Only - Application Fee = \$ 39.00

Total Amount Due = \$ _____

Section (2) THE LICENSE TAX IS A FLAT AMOUNT.

*** Optional for Distributor of machines:

I elect to pay all individual license fees for the machines installed in the following location(s):

Location address

of machines

_____ x \$25 per machine = \$ _____

_____ x \$25 per machine = \$ _____

_____ x \$25 per machine = \$ _____

Base Tax = \$ 50.00

Total Tax Due = \$ _____

Disability Access and Education Fee = \$ 4.00

NEW applications only - Application Fee = \$ 39.00

Total 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