



**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. 15<sup>th</sup>. (Council Resolution # 3532) Renewals received or postmarked after Jan. 15<sup>th</sup> 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.**

