



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.

MISCELLANEOUS

BUSINESS LICENSE TAX CALCULATION WORKSHEET

Business license tax based on the nature of the business.

TYPE OF BUSINESS (describe in detail): _____

- **Current Businesses:** Pay 100% annual rate
- **NEW Applications Only:** Tax will be pro-rated based on the quarter in which business operations start, as follows:
 - 1/01 thru 3/31 Tax is **100%** of total annual tax (not pro-rated)
 - 4/01 thru 6/30 Tax pro-rated to **75%** of the total annual tax
 - 7/01 thru 9/30 Tax pro-rated to **50%** of the total annual tax
 - 10/01 thru 12/31 Tax pro-rated to **25%** of the total annual tax

- | | | |
|--|-------------|---|
| <input type="checkbox"/> Non-Profit (501c3) organizations | \$.00 | EXEMPT from tax and fee |
| <input type="checkbox"/> Apartment Houses | \$ 10.00 | per unit |
| <input type="checkbox"/> Auctioneers | \$ 50.00 | |
| <input type="checkbox"/> Card room | \$.80 | per sq ft plus retail tax based on gross receipts;
reference retail tax calculation worksheet. |
| <input type="checkbox"/> Carnival or circus | \$ 200.00 | per day |
| <input type="checkbox"/> Dancing | \$ 50.00 | |
| <input type="checkbox"/> Home occupations not covered elsewhere | \$ 25.00 | |
| <input type="checkbox"/> Itinerant vendor | \$ 25.00 | per day, per person |
| <input type="checkbox"/> Mobile Home Parks: | | |
| <input type="checkbox"/> 1 - 20 spaces | \$ 2.50 | per space ____ <i>plus</i> |
| <input type="checkbox"/> 21 - 40 spaces | \$ 2.00 | per space ____ <i>plus</i> |
| <input type="checkbox"/> 41 - 60 spaces | \$ 1.50 | per space ____ <i>plus</i> |
| <input type="checkbox"/> 61 spaces and over | \$ 1.00 | per space ____ Total _____ |
| <input type="checkbox"/> Movie/commercial production,
photo shoots & similar | \$ 3,000.00 | or less/day @ City Manager discretion;
reference Administrative Policy #I-40 |
| <input type="checkbox"/> Pawn shop | \$ 200.00 | plus retail tax based on gross receipts;
reference retail tax calculation worksheet. |
| <input type="checkbox"/> Selling by appointment or invitation
with no fixed place of business | \$ 50.00 | |
| <input type="checkbox"/> Taxi cabs | \$ 50.00 | |
| <input type="checkbox"/> Temporary service business | \$ 25.00 | |
| <input type="checkbox"/> Wholesale distributors with no
fixed place of business | \$ 25.00 | per vehicle |

Tax Due = \$ _____ x _____ % = \$ _____
Pro-rate %

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 the 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