



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.

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 - \$ 2,648	\$.00
2,649 - 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 \$ 39.00

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