



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

## 2024 Business License Application

Business License # \_\_\_\_\_

### For Office Use Only

Home Occupancy Permit Required [ ] Yes [ ] No

Planning Approval \_\_\_\_\_

Finance 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 \_\_\_\_\_  
(For Contract Employees: Salon/Studio Location) City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

**\*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%

**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:

Location address	# of machines		
_____	_____	x \$25 per machine	= \$ _____
_____	_____	x \$25 per machine	= \$ _____
_____	_____	x \$25 per machine	= \$ _____
		Distributor Base Tax	= \$ <u>50.00</u>

Total Tax Due = \$ \_\_\_\_\_  
 Disability Access and Education Fee = \$ 4.00  
**NEW** applications only - Application Fee = \$ 25.00  
 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

**\*\* AB 1186 NOTICE:** Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: The Division of State Architect at [www.dgs.ca.gov/dsa.Home.aspx](http://www.dgs.ca.gov/dsa.Home.aspx) | The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov) | The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov).

**\*\* AB 783 NOTICE:** All single-user toilet facilities in any business establishment, or place of public accommodation shall be identified as all-gender toilet facilities by signage that complies with Title 24 of the California Code of Regulations and designated for use by no more than one occupant at a time or for family or assisted use.