



**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.**

