



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. 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 _____
(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.

PROFESSIONS & PERSONAL SERVICE

BUSINESS LICENSE TAX CALCULATION WORKSHEET

Business license tax is based on the number of persons practicing their profession or occupation and on the number of non-professional employees of the business.

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%

Number of Owners and Professionals:

(Professional is a person practicing his/her profession or occupation)

_____ x 50.00 = \$ _____
 #

Number of employees:

(Include both full and part-time employees employed as support staff, administrative assistants, clerical staff, front office/desk, etc.)

_____ x \$ 2.50 = \$ _____
 #

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

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 sections are 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 | The Department of Rehabilitation at www.rehab.cahwnet.gov | The California Commission on Disability Access at 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.