



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

Business License Application

Please Select: ☐ NEW BUSINESS ☐ RENEWAL

(Business License # for renewal: _____)

For renewals, completed form and payment must be received before or postmarked by Jan. 15th. Renewals received or postmarked after Jan. 15th will be assessed a \$25.00 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)

Businesses whose projected gross revenues will be less than \$3,074 per year are not required to obtain a City of Capitola business license. (Capitola Municipal Code, section 5.04.010)

Business Information

Business Name (D.B.A.) _____
Name will appear on License Certificate

Business Address _____
(For Contract Employees: Salon/Studio Location) City _____ State _____ Zip _____

Is this a residential address? ☐ Yes ☐ No

Business Phone Number _____ E-mail Address _____

Mailing Address _____
City _____ State _____ Zip _____

Ownership: ☐ Sole Owner ☐ LLC ☐ Tax-Exempt Organization ☐ Partnership ☐ Corporation ☐ Financial Institution

Type of Business: ☐ Retail ☐ Professional ☐ Contractor
☐ Miscellaneous (includes non-profit) ☐ Coin Operated & Vending Machines

Primary function of business (please describe): _____

Owner Information

Owner Name _____

Owner Address _____
City _____ State _____ Zip _____

Phone Number _____ Email Address _____

Business Operations Information

Business Start Date _____

Federal ID Number (Businesses with Employees) _____

Board of Equalization Account Number (Retail) _____

For Contractors 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): _____

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%

<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 <u>plus</u>
<input type="checkbox"/> 21 - 40 spaces	\$ 2.00	per space <u>plus</u>
<input type="checkbox"/> 41 - 60 spaces	\$ 1.50	per space <u>plus</u>
<input type="checkbox"/> 61 spaces and over	\$ 1.00	per space <u>Total</u> _____
<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 = \$ 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 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

**** 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.