



CITY OF CAPITOLA
 420 CAPITOLA AVENUE CAPITOLA, CA 95010
 www.ci.capitola.ca.us
 (831) 475-7300 Fax (831) 479-8879

For Office Use Only

Check# _____
 Receipt# _____
 Receipt Date _____
 Receipt \$ _____
 SS ___ BM ___ LM ___ P ___ M ___

Business License Application

Please select: [] *New*(original application) [] *Renewal* (Bus Lic # _____) **Calendar Tax Year** _____

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 \$31.00 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 NAME _____

(Please Print Clearly. This name will appear on your license.)

Business address _____

(Physical Address Cannot be a P.O. Box)

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

Mailing address _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

OWNER: Name(s) (1) _____ (2) _____
 Address (1) _____ (2) _____
 City/State/Zip (1) _____ (2) _____
 Phone (1) (_____) _____ (2) (_____) _____

Federal Employer Tax ID Number (for businesses with employees) _____

Board of Equalization Account Number (for retail businesses) _____

Legal Status (circle one): Sole Proprietor - Partnership - Corporation - Tax-Exempt Org. (attach IRS 501(c)(3) letter)

Type of Business (check the one that best matches your business type):

- () Retail sales/general business (includes restaurants)
- () Professional or personal service
- () Coin-operated device(s) &/or vending machine(s)
- () Contractor/Builder
- () Other (miscellaneous)

Primary function of business (please describe): _____

Contractors & other state-licensed business.

If your business is required to be licensed by the Contractors' State License Board or another state agency, the City must verify that you possess such a license. Please provide the name & address that the license is issued to:

Name _____ Expiration Date _____
 Address _____ License Type _____
 City _____ State _____ Zip _____ License Number _____

Contact & Emergency information:

Local Manager's Name _____ Phone (_____) _____
 Other Contact Name _____ Phone (_____) _____

Please note: Tax calculation on reverse must be completed and signed. Thank You.