

**CITY OF CAPITOLA
CAPITOLA VILLAGE AND WHARF
BUSINESS IMPROVEMENT AREA**

420 Capitola Ave., Capitola, CA 95010
Phone: (831) 475-7300 Fax: (831) 479-8879

For Office Use Only:

Check # _____
Receipt # _____
Receipt Date _____
Amount Paid _____

ANNUAL BUSINESS ASSESSMENT 2008-09

Business Name _____

Owners Name(s) _____

Business Address		Mailing Address	
Street _____		Street _____	
City Capitola		City _____	
State, ZIP CA 95010		State, ZIP _____	
Phone # _____			
Fax # _____			
Website _____			
Email Address _____			

Business Category	Number of Full-Time Equivalent Employees *		
	0 – 5 employees	6 – 10 employees	More than 10 employees
Retail / service	\$420.	\$840.	\$1260.
Restaurant / Bar / Take-out	\$480.	\$960.	\$1440.
Office / Professional	\$120.		
Hotel / Motel	\$360 per unit		
Short-term Rental **	\$180 per unit		

Business Category _____

Annual Business Assessment Due \$ _____

This assessment is authorized by City Council Resolution No. 3634, dated May 12,2007.

Please complete and *return this form* with your check made payable to City of Capitola, 420 Capitola Ave., Capitola, CA 95010

Printed Name & Title

Signature & Date