

MISCELLANEOUS

BUSINESS LICENSE TAX CALCULATION WORKSHEET

TYPE OF BUSINESS (describe in detail): _____

THE LICENSE TAX IS BASED ON THE NATURE OF THE BUSINESS.

| | | |
|---|-------------|---|
| <input type="checkbox"/> Non-Profit (501c3) Organizations | \$.00 | Exempt-from tax & fee |
| <input type="checkbox"/> Apartment Houses | \$ 10.00 | per unit |
| <input type="checkbox"/> Auctioneers | \$ 50.00 | |
| <input type="checkbox"/> Card room | \$.80 | per square feet plus retail tax based on gross receipts |
| <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: | | |
| 1 - 20 spaces | \$ 2.50 | per space plus |
| 21 - 40 spaces | \$ 2.00 | per space plus |
| 41 - 60 spaces | \$ 1.50 | per space plus |
| 61 spaces and over | \$ 1.00 | per space |
| <input type="checkbox"/> Movie/commercial production, photo shoots & similar | \$ 3,000.00 | or less per day @ City Manager discretion |
| <input type="checkbox"/> Pawn shop | \$ 200.00 | plus retail tax based on gross receipts |
| <input type="checkbox"/> Selling by appointment or invitation with no fixed place of business | \$ 50.00 | |
| <input type="checkbox"/> Taxi cabs | \$ 50.00 | per vehicle |
| <input type="checkbox"/> Temporary service business | \$ 25.00 | 5-30 days per year |
| <input type="checkbox"/> Wholesale distributors with no fixed place of business | \$ 25.00 | per vehicle |

******For new applications:**

The fee will be pro-rated based on the quarter in which business operations started, as follows:
1/01..3/31 = 100%; 4/01..6/30 = 75%; 7/01..9/30 = 50%; 10/01..12/31 = 25%

ANNUAL BASE TAX \$ _____
TAX PRO-RATE (If applicable) x _____ %
TAX DUE \$ _____
APPLICATION FEE \$ 35.00
(For **NEW** applications only. Do not pro-rate.)
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