



# CITY OF CAPITOLA

420 CAPITOLA AVENUE CAPITOLA, CA 95010

www.ci.capitola.ca.us

(831) 475-7300 Fax (831) 479-8879

## 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. 15<sup>th</sup>. (Council Resolution # 2949) Renewals received or postmarked after Jan. 15<sup>th</sup> 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 # 2929)

### BUSINESS NAME \_\_\_\_\_

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

Business address \_\_\_\_\_  
(Can Not be a PO box)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Home Page/E-Mail Address \_\_\_\_\_

OWNER: Name(s) (1) \_\_\_\_\_ (2) \_\_\_\_\_

Address (1) \_\_\_\_\_ (2) \_\_\_\_\_

City/State/Zip (1) \_\_\_\_\_ (2) \_\_\_\_\_

Phone (1) (\_\_\_\_) \_\_\_\_\_ (2) (\_\_\_\_) \_\_\_\_\_

Social Security Number(s) (1) \_\_\_\_\_ (2) \_\_\_\_\_

Federal Employer Tax ID Number (for businesses with employees) \_\_\_\_\_

Board of Equalization Account Number (for retail businesses) \_\_\_\_\_

Legal Status (circle one): Individual - 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

( ) Contractor/Builder

( ) Coin-operated device(s) &/or vending machine(s)

( ) 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.