



CITY OF SAND CITY

1 Sylvan Park • Sand City, CA 93955
Phone (831) 394-3054 • Fax (831) 394-2472

BUSINESS LICENSE APPLICATION

Please Check One

New Business

Change of Owner

Change of Address

Change of Business Name

Home Occupation Business

One-Time Job in Sand City

PLEASE TYPE OR PRINT CLEARLY:		OFFICIAL USE ONLY	
Business Name _____ <small>(Include DBA)</small>		BUSINESS LICENSE NO. _____	
Business Location _____ <small>(Not P.O. Box)</small>		EXPIRATION DATE _____	
City _____	State _____	AMOUNT PAID \$ _____	
Zip _____		DATE PAID _____ CASH <input type="checkbox"/> CHECK <input type="checkbox"/>	
Mailing Address _____ <small>(if Different)</small>		RECEIPT NO. _____	
City _____	State _____	CITY APPROVALS • SIGN & DATE	
Zip _____		APPROVED:	
Bus. Phone _____	Bus. Fax _____	SIGNED:	
Business Website _____		Planning: YES <input type="checkbox"/> No <input type="checkbox"/> _____	
Email Address _____		Building: YES <input type="checkbox"/> No <input type="checkbox"/> _____	
Business Start Date: _____	Description of Business _____	Fire: YES <input type="checkbox"/> No <input type="checkbox"/> _____	
		Health: YES <input type="checkbox"/> No <input type="checkbox"/> _____	
Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Corp. <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust <input type="checkbox"/> Limited Partnership			
State Lic. No. _____		Lic. Type _____	
Expiration Date _____		Zoning Permit Issued? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Resale No. _____		Federal ID No. _____	
		State ID No. _____	
ENTER BELOW NAMES OF OWNERS, PARTNERS, OR CORPORATE OFFICERS - Attach additional page if necessary			
Primary Business Contact Person Name _____		Phone () _____	
Home Address _____		Title _____	
City _____	State _____	Phone () _____	
Driver Lic. No. _____	Social Security No. _____	Cell Phone () _____	
Owner Name _____		Phone () _____	
Home Address _____		Cell Phone () _____	
City _____	State _____		
Driver Lic. No. _____	Social Security No. _____		
EMERGENCY CONTACT (Person with building access)			
Name _____		Phone () _____	
Address _____		Cell Phone () _____	
ALARM COMPANY: (If applicable)			
Name _____		Contact _____	
Address _____		Phone () _____	
		Licenses No. _____	
NEW BUSINESS		If your principal business is inside of Sand City, PLEASE CALCULATE AMOUNT DUE BELOW:	
Estimated Gross Receipts from Opening Date through June 30 of the Current Fiscal Year		GROSS RECEIPTS FEE	
\$ _____		First \$100,000 of receipts \$ 150.00	
EXISTING BUSINESS:		Balance over \$100,000 x .0011 \$ _____	
Total Gross Receipts from July 1, _____ through June 30, _____		TOTAL GROSS RECEIPTS FEE \$ _____	
\$ _____			
ONE-TIME JOB ONLY:		License Fee \$ _____	
Estimated Total Receipts from one-time job only		Employee / Units / Vehicle Fee \$ _____	
\$ _____		Other Fees \$ _____	
		Penalty Fee, if applicable \$ _____	
No. of Units: _____ Business Square Feet: _____		State CASp Fee \$ 1.00	
No. of Employees: Full-time _____ Part-Time _____		TOTAL AMOUNT DUE \$ _____	
No. of Coin-Operated Machines: _____			
No. of Vehicles: _____ Vehicle License No. _____			
		*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 the 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 .	
PLEASE COMPLETE ADDITIONAL INFORMATION ON REVERSE SIDE			



CITY OF SAND CITY

BUSINESS LICENSE INFORMATION

IMPORTANT INFORMATION - PLEASE READ CAREFULLY:

- The City of Sand City requires a business license to operate any type of business in the City. You may not operate your business until such time that all City requirements are met, business license fees are paid, and you have been issued a business license certificate by the City.
- **IT IS THE APPLICANT'S RESPONSIBILITY TO ENSURE THAT ALL NECESSARY CLEARANCES AND/OR PERMITS ARE OBTAINED FROM THE VARIOUS CITY DEPARTMENTS; i.e.; Building, Engineering, Planning, Police, Fire, etc.** The applicant must conform to all existing zoning ordinances set forth by the Planning Department. Check with each department to set up a date for inspection or to obtain information regarding your particular business operation and location.
- **WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE FOR EMPLOYEES IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO \$100,000, IN ADDITION TO THE COST OF COMPENSATION DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE CALIFORNIA LABOR CODE, INTEREST, AND ATTORNEY'S FEES.**
- The License Fee is due July 1 and is delinquent on August 1. Penalties are 25% per month, up to 50% of fee.
- You must check with the State Board of Equalization to see if you are required to have a Seller's Permit. No business license will be issued until a Seller's Permit number is provided to the City.
- It is the responsibility of the business owner to notify the Business License Office immediately if there are any changes to the business entity from the information submitted on this application.
- Our goal is to issue your business license as quickly as possible. In order to do so, we ask that you be specific and provide complete information below. If the information requested is not applicable to your business, leave the space blank. The information provided will be held in strict confidence and will be used only for official City business.
- If the application is withdrawn after processing for any reason, the application fee is non-refundable.

PLEASE PROVIDE INFORMATION ABOUT YOUR BUSINESS AS REQUESTED BELOW

CHECK ONE OF THE FOLLOWING:	COMMERCIAL PROPERTY RENTALS																								
<input type="checkbox"/> Retail Business <input type="checkbox"/> Wholesale Business <input type="checkbox"/> Service <div style="margin-left: 150px;">} Fee based on Gross Receipts</div> <input type="checkbox"/> Open Storage _____ sq. ft. @ \$.12 cents per square foot <input type="checkbox"/> Close Storage _____ sq. ft. @ \$.12 cents per square foot (\$50.00 minimum fee for both open and closed storage) <input type="checkbox"/> Residential Rental - \$5.00 per rental unit <input type="checkbox"/> Commercial Rental - \$25.00 per rental unit Vehicles: <input type="checkbox"/> Delivery of gasoline, oil or other petroleum products - \$60.00 per vehicle <input type="checkbox"/> Wholesale pickup/delivery (other than produce) - \$40.00 per vehicle <input type="checkbox"/> All other vehicles - \$30.00 per vehicle <input type="checkbox"/> Vending Machines - \$5.00 per machine <input type="checkbox"/> Consultant - \$25.00 minimum fee <input type="checkbox"/> Developer - \$250.00 <input type="checkbox"/> One-time Job, short-term, few days - \$50.00 Name and location of job: _____ _____ <input type="checkbox"/> Other - explain: _____	<p>If you rent commercial property to a business, please complete the information below:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Name of Business Currently renting or sub-leasing premises</th> <th style="width: 20%;">Street Address & Suite No.</th> <th style="width: 20%;">Date Lease Began</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>List below the name and address of person(s) from whom you rent spaces.</p> <p>_____</p> <p>_____</p> <p>_____</p>	Name of Business Currently renting or sub-leasing premises	Street Address & Suite No.	Date Lease Began																					
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CONTRACTORS	PRINCIPAL BUSINESS OUTSIDE OF SAND CITY																								
<p>Will you be using Sub-Contractors for this job? Yes _____ No _____</p> <p>Please list below all Sub-Contractors you will be employing for each job:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Business License fees must also be paid by businesses located in Sand City that conduct most of their business activity outside of Sand City limits. Sand City business license fees must be paid on 15% of the business conducted outside of Sand City as shown below.</p> <p>Example: Total Gross Receipts are \$1,300,000 with \$500,000 earned inside Sand City and \$800,000 earned outside Sand City</p> <table style="width: 100%;"> <tr> <td>Fee for the first \$100,000 of Gross Receipts</td> <td style="text-align: right;">= \$150.00</td> </tr> <tr> <td>plus \$400,000 inside Sand City x .0011 fee</td> <td style="text-align: right;">= 440.00</td> </tr> <tr> <td>plus fee for 15% of \$800,000 outside Sand City:</td> <td></td> </tr> <tr> <td style="padding-left: 20px;">.15 x \$800,000 = 120,000 x .0011 fee</td> <td style="text-align: right;">= +132.00</td> </tr> <tr> <td>Total due for \$500,000 Gross Receipts inside Sand City and \$800,000 Gross Receipts outside Sand City limits</td> <td style="text-align: right;">= \$722.00</td> </tr> </table> <p>Verification of Business License fees paid outside of Sand City must be included with this application.</p>	Fee for the first \$100,000 of Gross Receipts	= \$150.00	plus \$400,000 inside Sand City x .0011 fee	= 440.00	plus fee for 15% of \$800,000 outside Sand City:		.15 x \$800,000 = 120,000 x .0011 fee	= +132.00	Total due for \$500,000 Gross Receipts inside Sand City and \$800,000 Gross Receipts outside Sand City limits	= \$722.00														
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I hereby certify, under penalty of perjury, that the information contained in this application and any attachments is true and complete to the best of my knowledge. I agree to comply with all applicable laws and ordinances regulating the operation of this business.

Signature of Owner or Representative _____ Print Name _____ Title _____ Date _____

RETURN COMPLETED FORM TO ADDRESS ON REVERSE SIDE WITH A CHECK MADE PAYABLE TO THE CITY OF SAND CITY