



CITY OF SAND CITY

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

BUSINESS LICENSE APPLICATION

<i>Please Check One</i>	
New Business	<input type="checkbox"/>
Change of Owner	<input type="checkbox"/>
Change of Address	<input type="checkbox"/>
Change of Business Name	<input type="checkbox"/>
Home Occupation Business	<input type="checkbox"/>
One-Time Job in Sand City	<input type="checkbox"/>

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 \$ _____	DATE PAID _____
Mailing Address _____ <small>(if Different)</small>		CASH <input type="checkbox"/> CHECK <input type="checkbox"/>	
City _____	State _____	RECEIPT NO. _____	
Bus. Phone _____	Bus. Fax _____	CITY APPROVALS • SIGN & DATE	
Business Website _____		APPROVED: _____ SIGNED: _____	
Email Address _____		Planning: YES <input type="checkbox"/> No <input type="checkbox"/>	
Business Start Date: _____	Description of Business _____	Building: 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		Fire: YES <input type="checkbox"/> No <input type="checkbox"/>	
State Lic. No. _____	Lic. Type _____	Health: YES <input type="checkbox"/> No <input type="checkbox"/>	
Resale No. _____	Federal ID No. _____	Expiration Date _____	
State ID No. _____		Zoning Permit Issued? <input type="checkbox"/> Yes <input type="checkbox"/> 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. _____	
Owner Name _____		Phone () _____	
Home Address _____		Cell Phone () _____	
City _____	State _____	Cell Phone () _____	
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. _____		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, _____ <small>(year) (year)</small>		\$ _____	
		TOTAL GROSS RECEIPTS FEE	
		\$ _____	
ONE-TIME JOB ONLY:		Licenses No.	
Estimated Total Receipts from one-time job only		\$ _____	
		Employee / Units / Vehicle Fee	
		\$ _____	
		Other Fees	
		\$ _____	
		Penalty Fee, if applicable	
		\$ _____	
		State CASp Fee	
		\$ 4.00	
		TOTAL AMOUNT DUE	
		\$ _____	
No. of Units: _____		Business Square Feet: _____	
No. of Employees: Full-time _____ Part-Time _____		*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.	
No. of Coin-Operated Machines: _____			
No. of Vehicles: _____		Vehicle License No. _____	
		<small>(Attach additional page if necessary)</small>	
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																								
<p> <input type="checkbox"/> Retail Business <input type="checkbox"/> Wholesale Business } Fee based on <input type="checkbox"/> Service } Gross Receipts </p> <p> <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) </p> <p> <input type="checkbox"/> Residential Rental - \$5.00 per rental unit <input type="checkbox"/> Commercial Rental - \$25.00 per rental unit </p> <p>Vehicles:</p> <p> <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 </p> <p> <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: _____ _____ _____ </p> <p>Other - explain: _____</p>	<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>	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> .15 x \$800,000 = 120,000 x .0011 fee</td> <td style="text-align: right;">= <u>+132.00</u></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	= <u>+132.00</u>	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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<p>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.</p>																									
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																									