



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: **• FOR CITY USE ONLY •**

Business Name _____
(Include DBA)

Business Location _____
(Not P. O. Box)

City _____ State _____ Zip _____

Mailing Address _____
(If Different)

City _____ State _____ Zip _____

Bus. Phone () _____ Bus. Fax () _____

E-Mail Address _____

Business Start Date:	Description of Business:

BUSINESS LICENSE NO. _____

EXPIRATION DATE _____

AMOUNT PAID \$ _____

DATE PAID _____ CASH CHECK

RECEIPT NO. _____

CITY APPROVALS • SIGN & DATE

APPROVED:	SIGNED:
Planning: YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
Building: YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
Fire: YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
Health: YES <input type="checkbox"/> NO <input type="checkbox"/>	_____

Ownership: Corporation Limited Liability Corp. Partnership Sole Proprietor Trust Limited Partnership

State Lic. No. _____ Lic. Type _____ Expiration Date _____ Zoning Permit Issued? YES NO

Resale No. _____ Federal I.D. No. _____ State I.D. No. _____

ENTER BELOW NAMES OF OWNERS, PARTNERS, OR CORPORATE OFFICERS - Attach additional page if necessary

Primary Business Contact Person Name _____ **Phone ()** _____

Owner Name _____ **Title** _____ **Phone ()** _____

Home Address _____ **Cell Phone ()** _____

City _____ State _____ Zip _____

Driver's License No. _____ **Social Security No.** _____

Owner Name _____ **Title** _____ **Phone ()** _____

Home Address _____ **Cell Phone ()** _____

City _____ State _____ Zip _____

Driver's License No. _____ **Social Security No.** _____

EMERGENCY CONTACT: (Person with building access)

Name _____ **Title** _____ **Phone ()** _____

Address _____ **Cell Phone ()** _____

ALARM COMPANY: (If applicable)

Name _____ **Contact** _____ **Phone ()** _____

Address _____ **License No.** _____

NEW BUSINESS:
 Estimated Gross Receipts from Opening Date through June 30 of the Current Fiscal Year \$ _____

EXISTING BUSINESS:
 Total Gross Receipts from July 1, _____ through June 30, _____ (year) (year) \$ _____

ONE-TIME JOB ONLY:
 Estimated Total Gross Receipts from one-time job only \$ _____

If your principal business is inside of Sand City, PLEASE CALCULATE AMOUNT DUE BELOW:

GROSS RECEIPTS FEE First \$100,000 of receipts	\$ 150.00
Balance over \$100,000 x .0011	\$ _____
TOTAL GROSS RECEIPTS FEE	\$ _____

No. of Units: _____ Business Square Feet: _____

No. of Employees: Full-time _____ Part-time _____

No. of Coin-Operated Machines: _____

No. of Vehicles: _____ Vehicle License No. _____
(Attach additional page if necessary)

License Fee	\$ _____
Employee / Units / Vehicle Fee	\$ _____
Other Fees	\$ _____
Penalty Fee, if applicable	\$ _____
TOTAL AMOUNT DUE	\$ _____

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.
- If the application is withdrawn after processing for any reason, the application fee is non-refundable.
- 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.

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 <input type="checkbox"/> Service Business </p> <p style="margin-left: 150px;">} Fee based on Gross Receipts</p> <p> <input type="checkbox"/> Open Storage _____ sq. ft. @ \$.12 cents per square foot <input type="checkbox"/> Closed 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> <input type="checkbox"/> 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> </tbody> </table> <p>List below the name and address of person(s) from whom you rent space.</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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	PRINCIPAL BUSINESS OUTSIDE OF SAND CITY																					
	<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;">=</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;">=</td> <td style="text-align: right;">440.00</td> </tr> <tr> <td>plus fee for 15% of \$800,000 outside Sand City: .15 x \$800,000 = 120,000 x .0011 fee</td> <td style="text-align: right;">=</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;">=</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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CONTRACTORS

Will you be using Sub-Contractors for this job? Yes _____ No _____

Please list below all Sub-Contractors you will be employing for each job:

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



CITY OF SAND CITY

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WORKERS' COMPENSATION DECLARATION

All businesses must provide the following Workers' Compensation insurance information when applying for a business license in Sand City. **WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE 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.**

Business Name / DBA _____

Business Location _____

Mailing Address _____

Business Phone () _____ Business Fax () _____

E-Mail address _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND SIGN BELOW.

I hereby affirm, under the penalty of perjury, one of the following declarations: (check one)

- I have and will maintain a Certificate of Consent to Self – Insure of Workers' Compensation, as provided by Section 3700 of the California Labor Code, for the duration of any business activities conducted for which this license is issued.
- I have and will maintain Workers' Compensation insurance, as required by Section 3700, for the duration of any business activities conducted for which this license is issued.

My Workers' Compensation insurance carrier and policy number are:

Carrier _____

Policy Number _____

I certify that in the performance of any business activities for which this license is issued, I shall not employ any person in any manner so as to become subject to Workers' Compensation provision of Section 3700 of the California Labor Code, I shall forthwith comply with the provisions of Section 3700.

Name _____ Date _____

Home Address _____

Signature _____