



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:

Business Name
Business Location
Mailing Address
Bus. Phone
Business Website
Email Address

OFFICIAL USE ONLY

BUSINESS LICENSE NO.
EXPIRATION DATE
AMOUNT PAID \$
DATE PAID CASH CHECK
RECEIPT NO.

CITY APPROVALS • SIGN & DATE

APPROVED: SIGNED:
Planning: YES No
Building: YES No
Fire: YES No
Health: YES No

Business State Date: Description of Business

Ownership
State Lic. No. Lic. Type Expiration Date Zoning Permit Issued?
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
Home Address
Driver Lic. No. Social Security No.
Owner Name
Home Address
Driver Lic. No. Social Security No.

EMERGENCY CONTACT (Person with building access)

Name
Address
Phone
Cell Phone

ALARM COMPANY: (If applicable)

Name
Address
Contact
Phone
Licenses 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)
ONE-TIME JOB ONLY:
Estimated Total 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
Balance over \$100,000 x .0011
TOTAL GROSS RECEIPTS FEE

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

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)

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:

- Retail Business  
 Wholesale Business  
 Service Business
 } Fee based on Gross Receipts
- Open Storage \_\_\_\_\_ sq. ft. @ \$.12 cents per square foot  
 Closed Storage \_\_\_\_\_ sq. ft. @ \$.12 cents per square foot  
 (\$50.00 minimum fee for both open and closed storage)
- Residential Rental - \$5.00 per rental unit  
 Commercial Rental - \$25.00 per rental unit
- Vehicles:**
- Delivery of gasoline, oil or other petroleum products - \$60.00 per vehicle  
 Wholesale pickup/delivery (other than produce) - \$40.00 per vehicle  
 All other vehicles - \$30.00 per vehicle
- Vending Machines - \$5.00 per machine  
 Consultant - \$25.00 minimum fee  
 Developer - \$250.00
- One-time Job, short-term, few days - \$50.00  
 Name and location of job:  
 \_\_\_\_\_  
 \_\_\_\_\_
- Other - explain: \_\_\_\_\_

### COMMERCIAL PROPERTY RENTALS

If you rent commercial property to a business, please complete the information below.

Name of Business currently renting or sub-leasing premises	Street Address & Suite No.	Date Lease Began

List below the name and address of person(s) from whom you rent space.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PRINCIPAL BUSINESS OUTSIDE OF SAND CITY

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.

Example: Total Gross Receipts are \$1,300,000 with \$500,000 earned inside Sand City and \$800,000 earned outside Sand City

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

Verification of Business License fees paid outside of Sand City must be included with this application.

### 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



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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 \_\_\_\_\_