



CITY OF EMERYVILLE
 1333 PARK AVENUE, EMERYVILLE CA 94608
 (510) 596-4325
 DVINK@EMERYVILLE.ORG

ACCOUNT #: _____

DATE: _____

**PROFESSIONAL SERVICE BUSINESS LICENSE RENEWAL
 APPLICATION
 FOR BUSINESSES BASED OUTSIDE OF EMERYVILLE**

Returns Due by January 1st, Delinquent after March 1st

Bus #:	
Contact Person: _____	Bus. Phone: _____
Contact E-Mail: _____	Bus. Fax: _____
Ownership: <u> </u> Sole Proprietorship <u> </u> Corporation <u> </u> Partnership <u> </u> LLC	
FEIN #:	SEIN #:
SSN#:	Resale #:
Real Estate License #:	Expiration:
Client Information:	
Client Name 1:	Address
Client Name 2:	Address:
Client Name 3:	Address
Business License Tax Amount:	
Gross Receipts from Prior Year	\$
x Tax Rate:	0.0010
Tax Due: (Minimum Tax is \$25.00)	\$
+ Penalty: (5% x # of Months, Max 25%)	\$
Subtotal:	\$
+ Interest: (1.5% x # of Months)	\$
*State Mandated Disability Access & Education Revolving Fund <small>*On September 19, 2012 Governor Brown signed into law SB-1186 which adds a state fee of \$1 on any applicant for a local business license or similar instrument or permit, or renewal thereof. The purpose is to increase disability access and compliance with construction-related accessibility requirements and to develop educational resources for businesses in order to facility compliance federal and state disability laws, as specified. **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."</small>	\$1.00
Total Due:	\$
Make checks Payable to The City of Emeryville Return application along with payment to: City of Emeryville Attention: Business license 1333 Park Avenue Emeryville, CA 94608-3517	
I declare, under penalty of perjury that to the best of my knowledge and belief, the statements herein are true and correct.	
Signature: _____	Title: _____ Date: _____