



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

| |
|---|
| DEPARTMENTAL USE ONLY: ACCOUNT #: _____ DATE: _____ |
|---|

COMMERCIAL LANDLORD LICENSE APPLICATION

| | | |
|--|---------|------------------------------|
| NEW | RENEWAL | CHANGE OF OWNERSHIP |
| BUSINESS NAME: | | OPENING DATE: |
| MAIL ADDRESS: | CITY: | STATE: ZIP: CORPORATE PHONE: |
| DBA BUS. ADDRESS: | CITY: | STATE: ZIP: BUSINESS PHONE: |
| CONTACT PERSON: | | BUSINESS FAX: |
| WEBSITE URL: | | E-MAIL ADDRESS: |
| PROPERTIES LOCATED IN EMERYVILLE (Use Separate Sheet, if necessary): | | |
| ADDRESS1: | | |
| ADDRESS2: | | |
| ADDRESS3: | | |
| ADDRESS4: | | |

| | | | | | |
|--|------------|-------------|-------------|-----|------------|
| OWNERSHIP: | INDIVIDUAL | PARTNERSHIP | CORPORATION | LLC | NON-PROFIT |
| OWNER 1/ AGENT FOR SERVICE OF PROCESS: | | | | | TITLE: |
| ADDRESS1: | | | | | PHONE: |
| OWNER 2: | | | | | TITLE: |
| ADDRESS3: | | | | | PHONE: |

| | | |
|---|-------|-------------|
| PROPERTIES MANAGED BY THIRD PARTY? (If yes, please complete section below): | YES | NO |
| COMPANY: | | |
| PHONE #: | FAX#: | EMAIL: |
| ADDRESS: | CITY: | STATE: ZIP: |

| | |
|-------------------------|-------------------------|
| SALES TAX NO.: | FEDERAL TAX ID NO.: |
| STATE EMPLOYERS ID NO.: | SOCIAL SECURITY NO.: |
| NAICS CODE: | SIC CODE: |
| NO. RENTAL UNITS: | CONTRACTOR LICENSE NO.: |

| |
|---|
| EMERYVILLE BASED EMPLOYEES: FULL TIME _____ PART TIME _____ |
| BUSINESS TYPE: OFFICE RETAIL MANUFACTURING WAREHOUSE (SQ FT: _____) OTHER _____ |

THE ABOVE INFORMATION IS REQUIRED BY THE CALIFORNIA STATE FRANCHISE TAX BOARD UNDER REVENUE & TAXATION CODE SECTION NO. 19286.8.

I declare, under penalty of perjury, that the information on this application is true and correct.

SIGNATURE: _____ TITLE: _____ DATE: _____

| |
|-----------------------------------|
| AB990: YES DATE: _____ NO |
| SCAN DATE: _____ SEND DATE: _____ |
| COMMENTS: _____ |
| Revised 06/23/14 |



CITY OF EMERYVILLE

1333 Park Avenue

Emeryville, CA 94608

(510) 596-4325

NEW COMMERCIAL LANDLORD TAX RETURN

Company Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____ Fax Number: _____

Opening Date: _____

TAX CALCULATION:

| | |
|---|----------|
| Tax Year | _____ |
| Gross Receipts | \$ _____ |
| Tax Rate | x .0035 |
| Tax Amount Due* | \$ _____ |
| **State Mandated Disability Access & Education Revolving Fund | \$ 1.00 |
| Administrative Fee | \$ 57.00 |
| Subtotal Due | \$ _____ |

INTEREST AND PENALTY CALCULATION:

| | |
|--|-----------|
| Tax Amount Due | \$ _____ |
| Penalty Percentage (# Months x 5%, 25% Max) | x _____ % |
| Penalty Due | \$ _____ |
| Outstanding Balance (Penalty + Tax Amt.) | \$ _____ |
| Interest Percentage (# Months x 1.5%) | x _____ % |
| Interest Due | \$ _____ |

TOTAL DUE: \$ _____
(Subtotal + Penalty Due + Interest Due)

* Minimum tax is \$25.00

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 facilitate compliance with 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.ccda.ca.gov.

I declare, under penalty of perjury, that the information on this return is true and correct.

Signature: _____

Title: _____

Date: _____

Please make check payable to the City of Emeryville

Include the completed, signed tax return with your payment and remit to:

City of Emeryville
Attention: Business Licenses
1333 Park Avenue
Emeryville, CA 94608

Penalty Calculation: Penalties are assessed on all delinquent accounts. Penalty is 5% of tax due per month to a maximum penalty of 25%.



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(510) 596-4325

Interest Calculation: Interest is charged on all delinquent payments. Interest is charged at 1.5% per month and there is no maximum limit. The interest charge is calculated on the total outstanding balance (tax + penalty). For assistance please call (510) 596-4325.

Revised 06/23/14



CITY OF EMERYVILLE

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Business Name: _____

Date Completed: _____

Service Provider Survey

Please enter your business name and account number in the space provided above. Please fill out the names and addresses of the service providers that your businesses utilize throughout the year. Under "other" enter the name, address and phone number of other companies that provide services to your business.

Property Manager: _____

Address: _____

Phone Number: _____

Leasing Agent: _____

Address: _____

Phone Number: _____

Security Service: _____

Address: _____

Phone Number: _____

Alarm Company: _____

Address: _____

Phone Number: _____

Vending/ATM Machines: _____

Address: _____

Phone Number: _____

Parking Service: _____

Address: _____

Phone Number: _____

Landscaping Service: _____

Address: _____

Phone Number: _____

HVAC Service: _____

Address: _____

Phone Number: _____

Elevator Maint Service: _____

Address: _____

Phone Number: _____

Window Cleaners: _____

Address: _____

Phone Number: _____

Delivery Service: _____

Address: _____

Phone Number: _____

Laundry/Linen Service : _____

Address: _____

Phone Number: _____

Janitorial Service: _____

Address: _____

Phone Number: _____

Uniform Service: _____

Address: _____

Phone Number: _____

