CITY OF EMERYVILLE

1333 Park Avenue Emeryville, CA 94608 (510) 596-4325

NEW WAREHOUSE TAX RETURN

Delinquent if postmarked fifteen (15) days after commencement of business

Company Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____ Fax Number: _____

Opening Date: _____

CALCULATE TAX DUE:

Tax Year	_____
Tax Due*	$ _____
Administrative Fee	+ $57.00
*State Mandated Disability Access & Education Revolving Fund	+ $1.00
Subtotal Due	$ _____

CALCULATE INTEREST AND PENATLIES:

Tax 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)

*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: _____

Print Name: _____ 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

* See Warehouse Rate Table

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

CITY OF EMERYVILLE
1333 Park Avenue Emeryville, CA 94608 (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).

Revised 7/10/06

CITY OF EMERYVILLE
1333 Park Avenue Emeryville, CA 94608 (510) 596-4325

Warehouse Tax Rate Table

Square Footage:	Annual Flat Tax Rate:
0-10,000	$ 500
10,001-15,000	$ 750
15,001-20,000	$ 1,000
20,001-25,000	$ 1,250
25,001-30,000	$ 1,500
30,001-35,000	$ 1,750
35,001-40,000	$ 2,000
40,001-45,000	$ 2,250
45,001-50,000	$ 2,500
50,001-55,000	$ 2,750
55,001-60,000	$ 3,000
60,001-65,000	$ 3,250
65,001-70,000	$ 3,500
70,001-75,000	$ 3,750
75,001-80,000	$ 4,000
80,001-85,000	$ 4,250
85,001-90,000	$ 4,500
90,001-95,000	$ 4,750
95,001-100,000	$ 5,000
100,000 +	$5,000 + $250 for each additional 5,000 sq ft or fraction thereof

Revised 8/23/04

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

BUSINESS LICENSE APPLICATION

DEPARTMENTAL USE ONLY:
ACCOUNT #: _____
DATE: _____

CIRCLE ONE: NEW RENEWAL CHANGE OF: OWNERSHIP ADDRESS USE

BUSINESS NAME (30 CHARACTERS MAX): START DATE IN EMERYVILLE:
BUSINESS ADDRESS (NO PO BOXES): CITY/STATE/ZIP:
MAIL ADDRESS: CITY/STATE/ZIP:
BUSINESS PHONE: BUSINESS FAX:
CONTACT PERSON 1: PHONE: E-MAIL ADDRESS:
CONTACT PERSON 2: PHONE: E-MAIL ADDRESS:
DESCRIPTION OF BUSINESS ACTIVITIES:
(CONT.)

OWNERSHIP: INDIVIDUAL PARTNERSHIP CORPORATION LLC NON-PROFIT

OWNER 1/ AGENT FOR SERVICE OF PROCESS: TITLE:
ADDRESS: PHONE:
OWNER 2: TITLE:
ADDRESS: PHONE:

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

BUSINESS TYPE: OFFICE RETAIL MANUFACTURING WAREHOUSE (SQ FT: _____) OTHER _____

NO. OF EMPLOYEES: FULL-TIME _____ PART-TIME _____

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

BUSINESS LOCATION: OWN RENT SQ FOOTAGE: _____

IF RENTED, INCLUDE LANDLORD INFORMATION:

NAME AND COMPANY:
ADDRESS: CITY STATE ZIP

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

SIGNATURE: _____ TITLE: _____ DATE: _____

For Departmental use only:	Date of BOE verification:
	Date of Site visit:

CITY OF EMERYVILLE POLICE, FIRE, & EMERGENCY SERVICES SURVEY

The Emeryville Police and Fire Departments ask your cooperation in completing this survey. The information requested will help us in our continuing effort to protect your property. The information will be immediately available in cases of emergency, which require notifying you or a designated person of any unusual circumstances concerning your property, which may occur during your non-business hours. The information is confidential and will only be used for official City business. Should a change or update be needed, please notify us as soon as possible.

BUSINESS NAME: _____ **ADDRESS:** _____

BUSINESS OWNER: _____ **TELEPHONE NUMBER:** _____

BUSINESS ACTIVITY: _____ **USUAL HOURS OF BUSINESS:** _____

List the names, addresses and phone numbers of person(s) to be notified in case of emergency when business is closed (if unable to contact one, we can then call the other).

Contact Person #1:	Address:	Phone Number:
Contact Person #2:	Address:	Phone Number:
Contact Person #3:	Address:	Phone Number:
Name and phone number of private protective services contracted by owner (Alarms, Private Patrol, Etc.):		
Any other pertinent information that may be helpful:		Date Survey Completed:

List all hazardous materials to be used and/or stored on the premises including flammable/combustible liquids, solids, gases, compressed flammable gases, liquefied petroleum gases, corrosives, oxidizing materials, organic peroxides, unstable material, highly toxic or poisonous materials, radioactive materials, etc. (Attach additional sheets if necessary.)

Chemical Name	Form	Maximum Quantity on Premises	Use

Form Completed By: _____ **Title:** _____

Revised 8-23-2004

City of Emeryville
Zoning Compliance Information Form

1333 Park Avenue
Emeryville, CA 94608
Tel.: (510) 596-4360; FAX: (510) 658-8095

BUSINESS INFORMATION

Name:_____
Address:_____
City:_____ State:_____ Zip:_____
Telephone:_____ Fax:_____
E-mail:_____

BUSINESS OWNER INFORMATION

Name:_____
Address:_____
City:_____ State:_____ Zip:_____
Telephone:_____ Fax:_____
E-mail:_____

➢ Property Owner Information

Name:_____
Address:_____
City:_____ State:_____ Zip:_____
Telephone:_____ Fax:_____
E-mail:_____

➢ Description of Business Operation

Total square footage of business:_____
Square footage of **Office:**_____ **Warehouse:**_____
Retail:_____ **Home Business:**_____ *[Please complete Home Occupation Form attached]* **Other:**_____
Please describe business activity:_____
_____
_____

Total number of employees:_____
Total off street parking spaces provided for business:_____

➢ Building Information

New Business? Yes___ No___
What business occupied this building? ***Please describe.***

- Name of previous business:_____
- Type of activity:_____

Construction

Is building currently vacant? Yes___ No___
Is construction work required for new use? Yes___ No___
Has a building permit been issued? Yes___ No___
What is the area of this space in square feet? _____
How many exits does this space have? _____
Will business require a sign? Yes___ No___
Will a gas furnace, welding apparatus, air conditioning equipment be installed? Yes___ No___
Will indoor lights be installed? Yes___ No___
Will there be indoor vehicle storage/repair? Yes___ No___

➢ Site Utilization

Please explain "Yes" answers.

Will business involve retail sales to walk-in customers?
_____

Will business provide service or repair to general public?
_____

Will business involve retail sales of alcoholic beverages?
_____

Will there be outside storage of goods and materials?
_____

Will radio or electronic transmissions of any kind emanate from site?
_____

Will there be an outdoor trash collection area?
_____

Will business require a service or delivery vehicle? _____
If yes, average size_____ times per week? _____

SUBMITTED BY:

_____ _____
Applicant Name Title

_____ _____
Signature Date

PLANNING DEPARTMENT USE ONLY

Zoning District: _____ Use Classification: _____
Approved pursuant to Conditional Use Permit: _____
Comments:_____
_____
_____
Approved:___ Denied:___ Staff Initial:_____
Date:_____ Title:_____