



CITY OF EMERYVILLE
 1333 PARK AVENUE, EMERYVILLE CA 94608
 (510) 596-4325
 BUSLICHELP@CI.EMERYVILLE.CA.US

DEPARTMENTAL USE ONLY: ACCOUNT #: _____ DATE: _____

**UTILITY PROVIDER BUSINESS LICENSE APPLICATION
 FOR UTILITIES BASED OUTSIDE OF EMERYVILLE**

Business Name: _____	Contact Person: _____
Business Address: _____	Bus. Phone: _____
_____	Bus. Fax: _____
Mailing Address: _____	Website: _____
_____	Contact E-Mail: _____
Type of Services Provided (i.e. Telecommunications): _____	
Ownership: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other: _____	
FEIN #: _____	SEIN #: _____
SSN#: _____	Resale #: _____
If you are a third-party tax accountant or preparer for the business listed above, please provide <i>your</i> information below:	
Name: _____	
Address: _____	
Contact Person: _____	Phone #: _____
Calculate the Business License Tax Amount Below:	
Gross Receipts from Prior Year (Emeryville Derived)	\$ _____
x Tax Rate:	0.08%
Tax Due: (Minimum Tax is \$25.00)	\$ _____
+ Penalty: (P = Tax Due x 5% x # of Months, Max. 25%)	\$ _____
Subtotal:	\$ _____
+ Interest: (I = Subtotal x 1.5% x # Months)	\$ _____
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: _____