



CITY OF EMERYVILLE

INCORPORATED 1896

1333 PARK AVENUE
EMERYVILLE, CALIFORNIA 94608-3517

TEL: (510) 596-4300 FAX: (510) 658-8095
FINANCE@EMERYVILLE.ORG

2020 COMMERCIAL LANDLORD BUSINESS LICENSE TAX RETURN

Returns are due January 1, 2020 and delinquent if received or postmarked after March 1, 2020

BUS #

E-MAIL ADDRESS: _____

**NAME
ADDRESS
CITY, ST ZIP**

OF EMPLOYEES: _____

RE: PROPERTY ADDRESS

Line

A.) Gross Receipts:	\$ _____	Enter gross receipts from previous year
B.) Tax Rate:	x .0035	
C.) Tax Due: Min. Tax Due is \$25	\$ _____	Multiply line "A" by line "B" If the return is postmarked after 03/01, Penalties are due.
D.) Penalty (See Box 1 below):	\$ _____	
E.) Subtotal:	\$ _____	Sum of lines "C" and "D"
F.) Interest (See Box 2 below):	\$ _____	If the return is postmarked after 03/01, Interest is due.
G.) Renewal Fee	\$10.00	
H.) State Mandated Disability Access & Education Revolving Fund*	\$4.00	
Total Due:	\$ _____	Sum of lines "E", "F", "G" & "H"

*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. *On October 11, 2017 Governor Brown signed into law AB1379 to extend the state fee (SB1186, Chapter 383, Statutes of 2012) indefinitely. On and after January 1, 2018 and until December 31, 2023, increasing the amount from \$1 to \$4; reverts the fee back to \$1 on and after January 1, 2024.

**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 <https://www.dgs.ca.gov/DSA>. The Department of Rehabilitation at <https://www.dor.ca.gov>. The California Commission on Disability Access at <https://www.dgs.ca.gov/CCDA>.

<u>Line</u>	<u>Box 1- Penalty Calculation</u>	<u>If the return is postmarked after 03/01, Penalties are due.</u>
I.) Tax Due:	\$ _____	Enter amount from line "C" above
J.) Penalty Rate:	x .05	Monthly penalty rate
K.) Monthly Penalty:	\$ _____	Multiply line "I" by line "J", enter amount here
L.) Number of months delinquent:	x _____	Enter total number of months delinquent, max 5 months.
D.) Total Penalty Due:		Multiply line "K" by line "L", enter amount on line "D" above

<u>Line</u>	<u>Box 2- Interest Calculation</u>	<u>If the return is postmarked after 03/01, Interest is due.</u>
M.) Subtotal of Tax Due & Penalties:	\$ _____	Enter Subtotal from line "E" above
N.) Monthly Interest Rate:	x .015	Monthly interest rate
O.) Monthly Interest Due:	\$ _____	Multiply line "M" by line "N"
P.) Number of months delinquent:	x _____	Enter total number of months delinquent
F.) Total Interest Due:		Multiply line "O" by line "P", enter amount on line "F" above

I declare, under penalty of perjury, that to my knowledge all information contained in this statement/tax return is true and correct.

Signature: _____

Title: _____

Print name: _____

Date: _____

Please complete the Closure of Business Affidavit below if your company is no longer doing business in Emeryville:

CLOSURE OF BUSINESS

If the business is closed, please complete this section, sign the Affidavit above, and return this form to the City of Emeryville Administration Building at 1333 Park Avenue, Emeryville, CA 94608 so we can update our records. **BUS#** _____

Date Business Closed: _____ Reason for Closure: _____

If moved from Emeryville, why? _____

FOR OFFICE USE ONLY: Updated BL to "C" in Superior Date Updated _____ Processed by _____



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Tenant & Sublease Tenant Listing

BUS #: _____

NAME: _____

PROPERTY ADDRESS: _____

TENANT LIST:

Name	Address	Suite	Phone #	Contact Person	Move In Date

(For additional space photocopy as needed)

This information is required to be provided by Emeryville Municipal Code section 3-1.128 (d).

Signature: _____

Print Name: _____

Title: _____

Date: _____



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Service Provider Survey

Please fill out the names and addresses of the service providers that your business utilizes throughout the year.

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: _____