



CITY OF EMERYVILLE  
 1333 PARK AVENUE, EMERYVILLE CA 94608  
[FINANCE@EMERYVILLE.ORG](mailto:FINANCE@EMERYVILLE.ORG)  
 (510) 596-4325

DEPARTMENTAL USE ONLY:
ACCOUNT #: _____
DATE: _____

**BUSINESS LICENSE APPLICATION**

<u>CHOOSE ONE:</u>	NEW	RENEWAL	<u>CHANGE OF:</u>	OWNERSHIP	NAME	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.)							
<u>OWNERSHIP:</u>	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.:	SS# OR CDL#:
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: _____
<b>IF RENTED, INCLUDE LANDLORD INFORMATION:</b>			
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

1333 Park Avenue

Emeryville, CA 94608

(510) 596-4325

## MESSAGE ESTABLISHMENT - BUSINESS LICENSE TAX RETURN

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Opening Date: \_\_\_\_\_

You must complete the Massage Employees and Independent Contractors form before figuring your tax due.

**Line**

A.) Enter Number of Employees:	_____	From ONLY the Employee list	
		Three or fewer employees	\$200
B.) Tax Rate (see Employee list):		Four (4) to six (6) employees	\$400
		Seven or more employees	\$800
C.) Tax Due:	\$ _____	Enter appropriate rate based on number of employees.	
D.) Penalty (See Box 1 below)	\$ _____		
E.) Subtotal	\$ _____	Sum of lines "C" and "D"	
F.) Interest (See Box 2 below)	\$ _____		
		<b>*State Mandated Disability Access &amp; Education Revolving Fund</b>	<b>\$4.00</b>
G.) Administrative Fee	\$61.00		
		<b>Total Due:</b>	<b>\$ _____</b>
			Sum of lines "E", "F", & "G"

\*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 <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>.

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

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

**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.