



CITY OF EMERYVILLE
 1333 PARK AVENUE, EMERYVILLE CA 94608
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: _____
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

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	\$ 4.00
Administrative Fee	\$ 63.00
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.

*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/Home.aspx>. The Department of Rehabilitation at <http://www.rehab.cahwnet.gov>. The California Commission on Disability Access at <https://www.cdda.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



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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.

Revised 04/17/06