



City of Guadalupe
918 Obispo Street
P.O. Box 908
Guadalupe, CA 93434
805-356-3896

**BUSINESS LICENSE APPLICATION
AND
GROSS RECEIPTS TAX FORM**

Business Name: _____ **Business ID:** _____

Business Address: _____

Primary Phone Number: _____ **Billing Contact Name:** _____

Billing Contact Phone number: _____ **Billing E-Mail Address:** _____

Billing Address: _____

Ownership Type: ___ Corporation ___ Partnership ___ Sole Proprietor ___ Other: _____

Business Description: _____

Federal Employer ID (or Social Security Number): _____ **State Contractor's License (if applicable):** _____

New Business Start Date (if applicable): _____

Principal Owner/Officer/Partner: _____

Address: _____

Phone Number: _____ **E-Mail Address:** _____

Are you an industry? Yes No (if no, skip to other side).

Industry Standard Industrial Code (SIC): _____

Industrial Stormwater Permit Waste Discharge Identification (WDID), WDID application number, Notice of Non-Applicability (NONA), or No Exposure Certification (NEC): _____

Continue on other side.

- 1) Enter last year's Gross Receipts. (If new business, enter "None"): \$ _____
 Gross Receipts "shall mean and include the total amounts received or receivable from sales, services, rentals, or leases for the performance of any act or service of whatever nature it may be."
 The City is "authorized to examine such books and records of any applicant for a business tax certificate as may be necessary to verify the amount of the business tax due." x .0005
- 2) Tax due based on Gross Receipts: \$ _____
 Multiply Line 1 by .0005 (50¢ per \$1000).
- 3) Minimum Tax Due: \$ _____
 If home occupation or no fixed place of business in Guadalupe, enter \$100.
 Enter \$200 for fixed place of business in Guadalupe.
- 4) Actual Tax Due: \$ _____
 Enter greater of Line 2 or Line 3
- 5.) Delinquent Fee: 10% of line 4 if paid after 7/31 \$ _____
- 6.) SB1186 Mandatory disability access and ADA compliance fee \$4.00
- 7.) Total Due: (add lines 4, 5 and 6) \$ _____

Return this signed form with check payable to the City of Guadalupe by June 30th.
 Interest and penalties will be assessed for late filing.

I certify under penalty of perjury that the above information is true and correct to the best of my knowledge and belief:

 Signature of Owner or Representative

 Date

Public Works Department (Date) _____

Sidewalk condition _____
 Old Signs removed Yes _____ No _____
 New sign size _____
 Utilities connected Yes _____ No _____
 Trash receptacles Yes _____ No _____

Neighborhood & Life Safety (Date) _____

Services Division

First Inspection Fee\$ _____
 Second Inspection Yes _____ No _____
 Fee.....\$ _____
 Third Inspection Yes _____ No _____
 Fee.....\$ _____

Building & Fire Safety Division (Date) _____

Zone District _____
 CUP required Yes _____ No _____
 Transfer tax paid Yes _____ No _____
 Zone Requirements _____
 Retail sales _____ Wholesale _____ Mfg _____
 Parking required _____

Police Department (Date) _____

Alcohol Sold Yes _____ No _____
 Firearms Present Yes _____ No _____
 Adult Entertainment Yes _____ No _____
 Gambling Present Yes _____ No _____
 Adult Literature Yes _____ No _____
 Salvage Present Yes _____ No _____

Applicant: I certify under penalty of perjury that I have read conditions for issuance of a Business License, and I understand that if a permit is issued, I must meet the conditions listed. If the conditions are not met the permit shall be void and the Business must cease immediately. Please return your application with the appropriate license fee promptly. Business License is transferable between owners only. Business License period is July 1st through June 30th each year. Annual renewal is required.

* Gambling operations must show proof of California Gambling Commission Registration.
 * All Contractors and sub-contractors must show proof of workers comp certificate and liability insurance upon applying for a Business License.

Permit Approvals

Police Chief _____ Fire Chief _____ Finance Director _____

Date: _____ Date: _____ Date: _____

Total Cost Fee \$ _____

Receipt Code _____