



DOWNTOWN REVITALIZATION ASSESSMENT

MuniServices Account #: _____

Business Name: _____
 Doing Business As: _____
 Mailing Address: _____

Reporting Gross Receipts for Quarter Ending (select one):

- March 31, _____ (Delinquent on or after May 6th)
 June 30, _____ (Delinquent on or after August 5th)
 September 30, _____ (Delinquent on or after November 5th)
 December 31, _____ (Delinquent on or after February 5th)

Business Name/Location:

Location Name: _____
 Location Address: _____

Check here if your business has closed, was sold or is no longer operating in the Ceres Downtown Revitalization Area, and provide the below information.

Effective Date: ____/____/____

Comment: _____

Section 1 – Calculate the License Fee Due

- Step 1:** Enter Gross Receipts for the quarter selected above: (1) \$ _____
Step 2: Calculate Assessment Using Table Below: (2) \$ _____
Step 3: One Mill (0.001) on all gross receipts over \$200,000/quarter: (3) \$ _____
Step 4: Membership Fee for Banks or Savings & Loans Only: (4) \$ _____
Step 5: **Total Amount Due (Sum amounts from Steps 2, 3 and 4.):** (5) \$ _____

Make check payable to: Tax Trust Account

Section 2 – Sworn Statement

I acknowledge that the City of Ceres' issuance of a Business License and payment of Business License Tax does not entitle me/authorized representative to conduct any business in the City that is in violation of any applicable laws. I further acknowledge that the City of Ceres' issuance of a Business License does not waive the City of Ceres' right in any way to enforce compliance with applicable laws against me/authorized representative. I hereby certify, under penalty of perjury, that the information in this application is true, correct, and complete to the best of my knowledge and belief. I agree to comply with all applicable laws and ordinances regulating the operation of this business.

Signature _____ Printed Name _____ Title _____ Date _____ Phone _____

Remit To: City of Ceres • c/o MuniServices, LLC • 373 East Shaw Ave Box 367 • Fresno, CA 93710

Toll Free Phone: (866) 240-3665 • Email: bizlicensesupport@muniservices.com

Toll Free Fax: (855) 219-4338

Method of Business Assessment Calculation

Note: City reserves the right to verify amount of Gross Receipts against Business License Statement and Board of Equalization Reports.

Int Office Code	Description	Calculation
99.01	Businesses with gross receipts of less than \$50,000.00 per quarter	\$10 per month
99.02	Businesses with gross receipts of \$50,000 - \$199,999.99 per quarter	\$25 per month
99.03	Businesses with gross receipts of \$200,000.00 or more per quarter	\$25 per month Plus – One Mill (0.001) on all gross receipts over \$200,000.00 per quarter
99.04	Membership fee for Banks and Savings & Loans	\$500 per year
99.05	Gasoline service stations with Gasoline sales of \$800,000.00 or more per year	\$500 per year Plus - \$25 per month
99.06	Residential	\$0.00
99.07	Home occupation permits – Gross receipts less than \$50,000.00 per quarter	\$10 per month
99.08	Home occupation permits - Gross receipts of \$50,000 - \$199,999.99 per quarter	\$25 per month
99.09	Home occupation permits - Gross receipts of \$200,000.00 or more per quarter	\$25 per month Plus – One Mill (0.001) on all gross receipts over \$200,000.00 per quarter