

**Total Amount Due:** 

## City of Seaside, CA(9992) Application for Business Operations Tax Certificate (Business License)

## \*\* CONTRACTORS ONLY\*\*

373 E Shaw Avenue Box 367 • Fresno, CA 93710 • Phone (866) 240-3665 • Fax (855) 219-4338 • Email: bizlicensesupport@muniservices.com

\*\*PLEASE PRINT INFORMATION AND COMPLETE ALL SECTIONS\*\*\*\*PLEASE RETURN ORIGINAL WITH LICENSE FEES\*\*

## Your license may require you to submit proof of certification and/or permit with your payment. Failure to submit a proof of certification/permit, pay your license in full, or report your gross receipts as required will result in a delay of the release of your license. (If for renewal or reporting additional job address) MuniServices Account #: **Business Phone: (** 2. Business Name: (Required-appears on business license) Application Date: \_\_\_\_/\_\_\_ Date Business and/or Job Started in Seaside: / 3. (Address - do not use P.O. Box) Contact Phone #: Contact Name/Title: 5. \_\_\_Contact Email: 6. Name of Business Owner or Corporation Name: \_\_\_\_ (Required-appears on business license) **Business Owner's Home or Corp. Address:** (Address - do not use P.O. Box) (State) (Zip Code) Mailing Address: \_\_\_ (Address) (State) (Zip Code) 10. Physical Address: (Address - do not use P.O. Box) (Citv) (State) (Zip Code) 11. State Contractor's License #: \_\_\_ **NAIC Code:** Class: Code can be located at www.naics.com. 12. Business is owned and operated by: a) Individual b) Corporation c) Partnership FEIN #: Sellers Permit #: 13. Social Security #: (Individual) (For Collection of Sales Tax) 14. If item 12 (b) or (c) applies, list name of corporate president or names of partners: NAME / TITLE 15. If corporation, the following must be completed: a. Exact corporation name is: \_\_\_ Incorporated in State of: b. Date of Incorporation: c. Name of officer authorized to accept service of legal process: \*\*\*NEW APPLICANTS MUST COMPLETE THE BELOW\*\*\* Step 1: Estimate of Gross Income - Section .04.300 Any Contractor/Real Estate Agent/Broker who does not maintain a fixed place of business within the City of Seaside is required to obtain a license and pay fees with respect to any contract or work performed in the city. I/We certify that the estimated gross income for the contract or work performed within the City of Seaside FOR THIS JOB will . (Must provide a copy of a valid California State Contractors License) not exceed \$ Step 2: License Fee Due: (See fee schedule for license tax rates.) Step 3: Fire Inspection Fee (If applicable): 4.00 Step 4: CA Senate Bill (Mandatory State Fee): Step 5: Penalties (If applicable): Step 6: Administration Fee:

\*\*Skip to "Required for All Applicants" Section\*\*

*** LICENSE RENEWAL AP	PLICANTS ONLY***
Step 1: Previous Year's Gross Receipts:	\$
Step 2: License Fee Due: (See fee schedule for license tax rates.)	\$
Step 3: Add \$ 15.00 late fee if filed on or after August 1:	\$
Step 4: Add additional 50% penalty if paid on or after September 1s (Calculated on Business License Fee Only)	st: \$
Step 5: CA Senate Bill (Mandatory State Fee):	\$ <u>4.00</u>
Step 6: Administration Fee:	\$14. <u>00</u>
Total Amount Due:	\$* **Skip to "Required for All Applicants" Sectio
***THIS SECTION IS FOR CURRENT LICENSEES WHO NEED TO	
ADDITIONAL GROSS RE	
Step 1: Previously reported gross receipts:  (This amount would include what was reported on the renewal application AND all additional gross receipts reported)	rted since renewing.) \$
Step 2: Estimate of Gross Income: Section .04.300 Any Contractor/Real E within the City of Seaside is required to obtain a license and pay fees w	
I/We certify that the estimated gross income for the contract or work pe \$ (Must provide a copy of a valid California Sta	
Step 3: Add Step 1 and Step 2, this will determine total gross receip	ots reported YTD: \$
Step 4: Based on total of Step 3, refer to Schedule F of the Seaside determine license fee bracket in which gross receipts YTD fee due here:	
	<b>\$</b>
Step 5: Enter license fees previously paid for YTD gross receipts:	<b>\$</b>
Step 6: Subtract Step 5 from Step 4, this is the additional license fe	e due: \$
Total Amount of Additional License Fee Due (IF ANY) from step 6:	\$* **Skip to "Required for All Applicants" Sectio
****REQUIRED FOR ALL	APPLICANTS****
****REQUIRED FOR ALL  **REQUIRED DEPARTMENTAL SIGNATURES**	To be completed by the City of Seaside Business Licer
**REQUIRED DEPARTMENTAL SIGNATURES**  Building Department:Date (For Commercial Business)  Code Enforcement:Date	To be completed by the City of Seaside Business Licer  Department Only: Payment Method: (If payment is collected, please submit copy of payment and receipt.)
**REQUIRED DEPARTMENTAL SIGNATURES**  Building Department: Date (For Commercial Business)  Code Enforcement: Date (For business in your home)  Planning Division: Date	To be completed by the City of Seaside Business Licer  Department Only: Payment Method: (If payment is collected, please submit copy of payment and receipt, Check Cash Credit Card
**REQUIRED DEPARTMENTAL SIGNATURES**  Building Department:Date (For Commercial Business)  Code Enforcement:Date (For business in your home)	To be completed by the City of Seaside Business Licer  Department Only: Payment Method:  (If payment is collected, please submit copy of payment and receipt.)  Check Cash Credit Card  No Additional Payment Collected  Payment Method Forwarded to MuniServices?

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 www.dgs.ca.gov/dsa/Home.aspx, The Department of Rehabilitation at www.rehab.cahwnet.gov, and The California Commission on Disability Access at

I HEREBY SWEAR UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.
I HEREBY SWEAR THAT THE AMOUNT OF CAPITAL INVESTED OR VALUE OF GOODS, STOCKS, FURNITURE AND FIXTURES OR AMOUNT OF SALES OR RECEIPTS AS REQUIRED FOR DISLOSURE IN ORDER TO OBTAIN A
BUSINESS LICENSE HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE IS TRUE, CORRECT AND COMPLETE: I UNDERSTAND ISSUANCE OF LICENSE DOES NOT PERMIT BUSINESS OPERATION UNLESS
BUSINESS IS PROPERLY ZONED AND/OR IN COMPLIANCE WITH ALL APPLICABLE LAWS/RULES.

Print Name and Title: \_\_\_\_\_\_ Signature: \_\_\_\_\_

Contact #: (

Email Address: (Required-appears on business license)

PENAL CODE SECTIONS

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SECTION 126. PUNISHMENT FOR PERJURY: Perjury is punishable by imprisonment in the state prison for not less than two, three or four years.
SECTION 129. FALSE STATEMENT PURPORTEDLY UNDER OATH THOUGH NOT SWORN TO:
Every person who, being required by law to make any return, statement, or report, under oath, willfully makes and delivers any such return, statement or report, purporting to be under oath, knowing the same to be false in any particular, is guilty of perjury whether such oath was in fact taken or not.

Returned Check Disclaimer: Effective July 1, 2010, each returned item received by MuniServices/RDS due to insufficient funds will be electronically represented to the presenters' bank no more than two times in an effort to obtain payment. MuniServices/RDS is not responsible for any additional bank fees that will accrue due to the resubmission of the returned item. Please see the full returned check policy at <a href="https://www.revds.com/taxpayer/return-check-disclaimer">www.revds.com/taxpayer/return-check-disclaimer</a>.