



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

DEPARTMENTAL USE ONLY: ACCOUNT #: _____ DATE: _____

BUSINESS LICENSE APPLICATION

<u>CIRCLE ONE:</u>	NEW	RENEWAL	<u>CHANGE OF:</u>	OWNERSHIP	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

INCORPORATED 1896

1333 PARK AVENUE
EMERYVILLE, CALIFORNIA 94608-3517

TEL: (510) 596-4300 FAX: (510) 450-7831

BUSINESS LICENSE TAX RETURN – MASSAGE PARLOR

Returns are due January 1st and delinquent after March 1st

NAME: _____

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

Line Renewal

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)	\$ _____	If the return is postmarked after 03/01, penalties are due.	
E.) Subtotal	\$ _____	Sum of lines "C" and "D"	
F.) Interest (See Box 2 below)	\$ _____	If the return is post marked after 03/01, Interest is due.	
		*State Mandated Disability Access & Education Revolving Fund	\$4.00
G.) Administrative Fee	\$61.00		
Total Due:	\$ _____	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 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>.

<u>Line</u>	Box 1- Penalty Calculation	If the return is postmarked after 03/01, Penalties are due.	
H.)	Tax Due:	\$ _____	Enter amount from line "C" above
I.)	Penalty Rate:	x .05	Monthly penalty rate
J.)	Monthly Penalty:	\$ _____	Multiply line "H" by line "I", enter amount here
K.)	Number of months Delinquent:	x _____	Enter total number of months delinquent, max 5 months.
L.)	Total Penalty due:	Multiply line "J" by line "K", enter amount on line "D" above	

<u>Line</u>	Box 2- Interest Calculation	If the return is postmarked after 03/01, Interest is due.	
M.)	Subtotal of tax due & Penalties:	\$ _____	Enter Subtotal from line "E" above
N.)	Monthly Interest Rate	x .015	Monthly interest rate
O.)	Monthly Interest Due:	\$ _____	Multiply line "M" by line "N"
P.)	Number of months delinquent:	x _____	Enter total number of months delinquent
Q.)	Total Interest Due:	Multiply line "O" by line "P", enter amount on line "F" above	

I declare, under penalty of perjury, that the information on this return is true and correct.

Signature: _____ Title: _____

Print name: _____ Date: _____