



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

WAREHOUSE - BUSINESS LICENSE TAX RETURN

Company Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____ Fax Number: _____

Opening Date: _____

CALCULATE TAX DUE:

Tax Year	_____
Tax Due	_____
See Attached Tax Table	\$ _____
Administrative Fee	+ \$62.00
State of California Disability Fee	\$4.00

Subtotal Due	_____

CALCULATE INTEREST AND PENALTIES:

Tax 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)

*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 facility compliance federal and state disability laws, as specified. **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>. The Department of Rehabilitation at <https://www.dor.ca.gov/>. The California Commission on Disability Access at <https://www.dgs.ca.gov/CCDA>.

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

Signature: _____ Title: _____

Print Name: _____ 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
 Finance Department
 P.O. Box 674
 Rodeo, CA 94572

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.



CITY OF EMERYVILLE

INCORPORATED 1896

1333 PARK AVENUE
EMERYVILLE, CALIFORNIA 94608-3517

TEL: (510) 596-4300 FAX: (510) 658-8095

Warehouse Tax Rate Table

<u>Square Footage:</u>	<u>Annual Tax Rate:</u>
0-10,000	\$ 500.00
10,001-15,000	\$ 750.00
15,001-20,000	\$ 1,000.00
20,001-25,000	\$ 1,250.00
25,001-30,000	\$ 1,500.00
30,001-35,000	\$ 1,750.00
35,001-40,000	\$ 2,000.00
40,001-45,000	\$ 2,250.00
45,001-50,000	\$ 2,500.00
50,001-55,000	\$ 2,750.00
55,001-60,000	\$ 3,000.00
60,001-65,000	\$ 3,250.00
65,001-70,000	\$ 3,500.00
70,001-75,000	\$ 3,750.00
75,001-80,000	\$ 4,000.00
80,001-85,000	\$ 4,250.00
85,001-90,000	\$ 4,500.00
90,001-95,000	\$ 4,750.00
95,001-100,000	\$ 5,000.00



CITY OF EMERYVILLE

INCORPORATED 1896

1333 PARK AVENUE
EMERYVILLE, CALIFORNIA 94608-3517

ZONING COMPLIANCE INFORMATION FORM

For questions about this form contact the Planning Division at 510-596-4362.

BUSINESS LOCATION INFORMATION

Business Name: _____

Address: _____

Phone: _____

Email: _____

BUSINESS OWNER INFORMATION

Owner Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone: _____

Email: _____

PROPERTY OWNER INFORMATION

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone: _____

Email: _____

HOME BUSINESS

Is this business operated out of your residence?

Yes No *If yes, attach Home Occupations Form.*

If yes, what is the total area of your residence in square feet? _____

APPLICATION SUBMITTED BY:

Applicant Name

Applicant Title

Signature

Date

BUSINESS OPERATIONS

Total area of business (in square feet): _____

Number of off-street parking spaces: _____

Describe the business: _____

Previous business at this location: _____

Will this business require any construction or building modifications? Yes No

Will this business require a sign? Yes No

Will there be any storage outside? Yes No

Where is the trash/recycling/compost collection area?

Will service or delivery vehicles be required?

Yes No Frequency: _____

BUILDING DIVISION USE ONLY

Does the new business trigger a change in occupancy? Yes ___ No ___ Staff Initial: _____

PLANNING DIVISION USE ONLY

Previous Use Classification: _____

Proposed Use Classification: _____

Does the new business trigger Development Impact

Fees ? Yes ___ No ___ Fee: _____

Zoning District: _____ CUP? _____

Comments: _____

Approved: _____ Denied: _____ Date: _____

Staff Initial: _____ Staff Title: _____