



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

Remit To: City of Seaside • c/o Avenu Insights & Analytics • 373 East Shaw Ave Box 367 • Fresno, CA 93710
Toll Free Phone: (866) 240-3665 • Fax: (855) 219-4338 • Email: muniblsupport@avenuinsights.com

NOTIFICATION: AREAS SHADED IN GRAY SHALL BE CONSIDERED PUBLIC INFORMATION PER THE CALIFORNIA PUBLIC RECORDS ACT AND CA. BUS. & PROF. CODE § 16000.1. If Applicant's business mailing address is a residential address, that address will be subject to public disclosure unless Applicant provides a different address (e.g. PO Box) where the Applicant consents to receive service of process.

PLEASE PRINT INFORMATION AND COMPLETE ALL SECTIONS. 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.

NEW BUSINESS ONLY – CONTRACTORS MUST USE CONTRACTORS ONLY FORM

This application is for: ☒ New Business Application Fiscal Year: 07/01/20__ – 06/30/20__

BUSINESS INFORMATION

1. **Description of Business:** _____ **NAIC/SIC Code:** _____
NAICS or SIC Code can be found at www.naics.com/search
2. **Business Name:** _____ **Business Phone No.:** () _____
(Required-appears on business license)
3. **Application Date:** _____ **Date Business Started in Seaside:** _____
4. **Location of Business:** _____
(Address – do not use P.O. Box) (City) (State) (Zip Code)

Initial here if the business physical location or job site address provided above IS NOT a residential address.

Initial here if the business physical location address provided above IS A RESIDENTIAL ADDRESS.
5. **Contact Name/Title:** _____ **Contact Phone No.:** () _____
6. **Contact Fax:** _____ **Contact Email:** _____ **Sellers Permit #(if applicable):** _____
7. **Name of Business Owner or Corporation Name:** _____
(Required-appears on business license)
8. **Business Owner's Home or Corp. Address:** _____
(Address – do not use P.O. Box) (City) (State) (Zip Code)
Pursuant to CA. Bus. & Prof. Code § 16000.1, provide AT LEAST ONE of the following forms of ID (required):
SSN: _____ Valid CA DL issued by DMV #: _____ Valid CA ID # issued by DMV: _____
Municipal Identification #: _____ Issued by: _____, Taxpayer ID # issued by the IRS: _____
9. **Mailing Address:** _____
(Address) (City) (State) (Zip Code)
10. **Business is owned and operated by:** a) Individual _____ b) Corporation _____ c) Partnership _____ d) Other _____
11. If item 11 (b) or (c) applies, list name of corporate president or names of partners: _____

12. If corporation, the following must be completed:
 - a. Exact corporation name is: _____
 - b. Date of Incorporation: _____ Incorporated in the State of: _____
 - c. Name of officer authorized to accept service of legal process: _____
13. Are you a REAL ESTATE AGENT/BROKER who DOES NOT maintain a fixed place of business within the City of Seaside?
Yes (Questions 16 and 17 not required – Skip to "Estimate of Gross Income" Section)
No (Required to answer Questions 16 and 17)
***If yes, you are REQUIRED to obtain a license and pay fees with respect to any contract or work performed in the City and REQUIRED TO COMPLETE THE ESTIMATE OF GROSS INCOME SECTION BELOW. ***
14. Any equipment, materials, or products stored at the business location? Yes No
If yes, please describe: _____
15. NPDES Permit Program: If you are enrolled in the NPDES permit program, provide any of the following, as issued by the State Water Resource Control Board:
 - A. Waste Discharge ID No.: _____ B. Waste Discharge Application No.: _____
 - C. Notice of Nonapplicability No. (NONA): _____ D. No Exposure Certification No. (NEC): _____

ESTIMATE OF GROSS INCOME

Section 5.04.300 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.

In order to ascertain the amount of fees due please complete the following: Job Address: _____
(Contractors must provide a copy of a valid California State Contractors License)

I/We certify that the estimated sales/income for the year ending June 30, 20____ will not exceed \$ _____

Cannabis related businesses must provide square footage of business, if inside the city limits. _____ Square ft. See tax schedule for details.

ALL APPLICANTS MUST COMPLETE THE BELOW

Step 1: Fees for Business Operations Tax Certificate:

\$ _____

(See fee schedule for license tax rates.) Please write schedule number here: _____

Is this business physically located within the city limits of Seaside, CA?

Yes No

If yes, continue to Step 2. You must add either Schedule 1.00, 1.01 or 1.03.

Step 2:

Schedule 1.00 Fire Inspection Fee – Based on Units (Applicable for Apartments and Hotels/Motels ONLY):

\$ _____

Calculate fire inspection fee based on the following:

One (1) to twenty (20) units = \$307

Twenty One (21) to fifty (50) units = \$610

Fifty One (51) and up = \$815

Schedule 1.01 or 1.03 Fire Inspection Fee (All Other Businesses physically located within the city limits):

Add fee of \$261.00 (Short Term Rentals: please pay this directly to the city with your permit)

Step 3: CA Senate Bill (Mandatory State Fee):

\$ 4.00

Step 4: Penalties (If applicable):

\$ _____

Step 5: Administration Fee:

\$ 17.00

Total Fees Due:

\$ _____

(License Fee + Fire Inspection Fee (if required) + Penalties (if applicable) + State Fee + Admin Fee)

Make check payable to: Tax Trust Account and remit to: Avenu Insights & Analytics; 373 E Shaw Avenue Box 367; Fresno, CA 93710)

REQUIRED DEPARTMENTAL SIGNATURES

Planning Department: _____ Date _____

Building & Safety Department: _____ Date _____

Other Permits (as applicable): _____ Date _____

Comments: _____

To be completed by Business License Division Only:

☐ Business License Approved

☐ Business License NOT Approved

Payment Method: ☐ Check ☐ Cash ☐ Credit Card
(If payment is collected, submit payment and/or receipt.)

Payment Forwarded to Avenu? ☐ Yes ☐ No
(Please, do not forward cash.)

Form/Pymt Rec'd By/Date: _____

ALL APPLICANTS MUST READ AND SIGN THE BELOW

CA Senate Fee: On September 19, 2012, Governor Brown signed Senate Bill 1186 (SB 1186) into law. SB 1186 is intended to increase disability access, encourage compliance with construction-related accessibility requirements, develop education resources for businesses, and facilitate compliance with Federal and State disability laws. From January 1, 2013, and until December 31, 2017, cities and counties were required to collect a State mandated fee of \$1.00 from "any applicant for a local business license or equivalent instrument or permit, and from any applicant for the renewal of a business license or equivalent instrument or permit." Assembly Bill 1379 was passed on October 11, 2017 which extends the assessment of the fee indefinitely and also the State mandated fee from \$1.00 to \$4.00 from January 1, 2018 until December 31, 2023. The City is required by law to inform you of the following: 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: <http://www.dgs.ca.gov/dsa/>; The Department of Rehabilitation at: <https://www.dor.ca.gov/>; The California Commission on Disability Access at: <http://www.cdda.ca.gov>. You may also visit <http://www.ci.calistoga.ca.us/businesses/state-casp-fee>.

CALIFORNIA PUBLIC RECORDS ACT INFORMATION: <http://www.boe.ca.gov/info/publicrecords.htm>

CALIFORNIA AB 2184: https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180AB2184

California SB205: On October 2, 2019, Governor Newsom signed Senate Bill 205 (SB205) into law. SB205 intends for businesses to demonstrate enrollment with the National Pollutant Discharge Elimination System (NPDES) permit program. You may obtain information about your legal obligations and how to comply with environmental laws at the following agencies: California Water Board: https://www.waterboards.ca.gov/water_issues/programs/npdes/; United States Environmental Protection Agency: <https://www.epa.gov/npdes>.

SIC codes can be found at: <https://www.naics.com/search/>.

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 DISCLOSURE 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:** _____

Email Address: _____ **Contact Phone No.: ()** _____

PENAL CODE SECTIONS: 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: Please see the full returned check policy at www.avenuinsights.com