

CITY OF BELMONT APPLICATION FOR BUSINESS LICENSE



INSTRUCTIONS

1. Complete Sections I, II, and III of this form.
2. Calculate tax due and attach payment.
3. Submit application to City of Belmont.

I. GENERAL INFORMATION

Business Name: _____

Business Address: _____ **Phone #:** _____

City: _____ **State:** _____ **Zip Code:** _____

Mailing Address (if different than above): _____

City: _____ **State:** _____ **Zip Code:** _____

Resale Permit #: _____

Type of Ownership: Sole Proprietorship Partnership Corporation

If Sole Proprietorship: Social Security #s: 1) _____ 2) _____

If Partnership or Corporation: Federal Employer I.D. #: _____

List Owners, Partners, Corporate Officers: Name, Home Address and Phone Numbers:

1) _____ **Name** _____ **Title** _____ **CA Drivers License #** _____

_____ **Street Address** _____ **City** _____ **State** _____ **Zip Code** _____ **Phone** _____

2) _____ **Name** _____ **Title** _____ **CA Drivers License #** _____

_____ **Street Address** _____ **City** _____ **State** _____ **Zip Code** _____ **Phone** _____

List Number of Employees: Full Time _____ Part Time _____

II. NATURE OF BUSINESS

Describe the type of business: _____

Is your business: **Commercial** (Complete Section A and B) or **Home-based** (Complete Section B)

SECTION A – COMMERCIAL PROPERTY INFORMATION (If Commercial, complete the following):

Are you renting this business property: Yes No

If rented, name of property owner or management company: _____

Address: _____ **Phone No.:** _____

How much space will _____ **Total number of** _____ **Number of spaces**
your business occupy: _____ **on-site spaces:** _____ **reserved for your use:** _____

List the other businesses located on this property: _____

Are the premises vacant? Yes No If vacant, for how long: _____

What business previously occupied this space:

Name: _____ **Type of business:** _____

Do you have an alarm system?: Yes No If yes, is it: Audible Silent

Alarm Company's Name: _____ **Phone #:** _____

Alarm Company's Address: _____

Please list those persons authorized to be contacted in the event of an emergency:

1) _____ **Name** _____ **Title** _____

_____ **Home Address** _____ **Phone** _____

2) _____ **Name** _____ **Title** _____

_____ **Home Address** _____ **Phone** _____

(This information is confidential and will be used only in the event the Belmont Police Department requires emergency contact. If any of this information should change, we would appreciate your contacting the Police Department immediately.)

Describe any painting, remodeling, carpentry, plumbing, electrical, or mechanical work to be performed or signs you plan to install: _____

Are you purchasing the building?: Yes No

Do you plan to:

Store or use chemicals Yes No

Store or use flammable

or combustible liquids Yes No

Weld Yes No

Woodwork Yes No

Spray Paint Yes No

Cook Yes No

Store in high piles Yes No

Fabricate semiconductors Yes No

SECTION B – SPECIALIZED BUSINESSES (for BOTH Commercial AND Home-based):

If NONE of the below business classifications applies, go to Section III – Approvals.

- | | | |
|--|---|---|
| <input type="checkbox"/> Solicitor | <input type="checkbox"/> Massage Establishment/Technician | <input type="checkbox"/> Real Estate Agent/Broker No. of agents/brokers____ |
| Complete Section III-Approvals
and contact Police Department at (650) 595-7400 | | <input type="checkbox"/> Coin-operated machines No. of machines____ |
| <input type="checkbox"/> Contractor/Subcontractor (complete Section D) | | <input type="checkbox"/> Gas Station No. of pumps____ |
| <input type="checkbox"/> Rental of residential or commercial property (complete Section C) | | <input type="checkbox"/> Taxicab No. of cabs____ |
| | | <input type="checkbox"/> Delivery truck No. of trucks____ |

SECTION C – RENTAL OF RESIDENTIAL OR COMMERCIAL PROPERTY

Addresses of Belmont Apartments Owned:

- 1) _____ No. of Units _____ Parcel No. _____
 2) _____ No. of Units _____ Parcel No. _____
 3) _____ No. of Units _____ Parcel No. _____

Is property managed by someone other than owner(s)?: Yes No **If yes**, please provide the following information:
Mgmt. Co. Name _____ Principal Contact _____

SECTION D – CONTRACTOR/SUBCONTRACTOR

CA Contractor's State License No: _____ Class: _____

CALIFORNIA BUSINESS & PROFESSIONS CODE Division 3, CHAPTER 9 (CONTRACTORS LICENSE LAW)

Section 7031.5. Each...City which requires the issuance of a permit as a condition precedent to the construction, alteration, improvement, demolition or repair of any building or structure shall also require that each applicant for such a permit file as a condition precedent to the issuance of a permit statement which he has prepared and signed stating that the applicant is licensed under the provisions of this Chapter (Contractors License Law), giving the number of the license and stating that it is in full force and effect, or, if the applicant is exempt from the provisions of this Chapter, the basis of the alleged exemption.

Section 7033. Every city...which requires the issuance of a business license as a condition precedent to engaging, within this Chapter (Contractors License Law), shall require that each licensee and each applicant for issuance or renewal of such license shall file, or have on file, with such city..., a signed statement that such licensee of applicant is licensed under the provisions of this Chapter and stating that the license is in full force and effect, or, if such licensee or applicant is exempt from the provision of this Chapter, he shall furnish proof of the facts which entitle him to such exemption.

**CONTRACTOR'S STATEMENT THAT HE IS LICENSED
UNDER PROVISIONS OF CONTRACTORS LICENSE LAW OF THE STATE OF CALIFORNIA**

Pursuant to the provisions of Section 7031-5 and 7033 of the Business and Professions Code of the State of California,

Name of Company

Address of Company

City, State and Zip Code

Telephone

Corp.,LLC.,Partnership, LLP., Sole Prop.

does hereby state that he (they) is (are) licensed under the provisions of the Contractors License Law* (Chapter 9 of the Division 3 of the Business and Professions Code of the State of California) to engage in the following business:

And that the number of said State License is _____ and that said license is in full force and effect. The foregoing statements are declared to be true under penalty of perjury.

Dated this _____ Day of _____, 20 _____

Signature Title

III. APPROVALS

The issuance of a business license does not exempt you from any of the fire department, police, city building, or zoning requirements. Your business will be inspected by the Fire Department within 30 days.

I, the undersigned, hereby agree to meet the requirements of the South County Fire Department and the City of Belmont or I will forfeit my business license upon request from the Finance Department.

Applicant's Signature Date

For Official Use Only

South County Fire Authority Approval Date

Community Development Department Approval Zoning Date

CITY OF BELMONT CALCULATION OF TAX DUE



INSTRUCTIONS

1. Complete Application for Business License.
2. Calculate taxes due and submit payment.

I. GENERAL INFORMATION

BUSINESS NAME: _____

II. CALCULATION OF TAXES DUE

REFER TO PAGE 4 FOR TAX SCHEDULE

TAX YEAR	BASE TAX (A)	CALCULATION OF VARIABLE TAXES ⁽¹⁾		TOTAL (D = A + C)
		QUANTITY (B)	VARIABLE TAX (C) = B x Tax Rate	
July 1, 2002 - Present				
PENALTIES (D x 25%) ⁽²⁾				
PAY THIS AMOUNT ⇨				

- (1) VARIABLE TAXES ARE BASED ON QUANTITY AND INCLUDE EMPLOYEES, PARKING SPACES, AGENTS/BROKERS, GAS PUMPS, COIN-OPERATED MACHINES, TRUCKS, AND TAXICABS.
- (2) PAST DUE AMOUNTS BEAR PENALTIES OF 25%. FAILURE TO OBTAIN LICENSE AND PAY TAX MAY RESULT IN PENALTIES.

III. CERTIFICATION

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION CONTAINED HEREIN IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, A TRUE AND COMPLETE STATEMENT.

SIGN HERE:

Signature of Owner or Authorized Representative

Date

IV. PAYMENT

CASH, CREDIT CARDS, AND CHECKS ACCEPTED

Make Checks Payable to:
 City of Belmont
 Finance Dept/Business License Division
 1070 Sixth Avenue, Suite 301 **
 Belmont, CA 94002
 (650) 595-7436

**TEMPORARY LOCATION DURING CITY HALL CONSTRUCTION: 1241 Ralston Ave

	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Card Number _____	
Exp. Date _____	
Signature _____	
Cardholders Name (print) _____	
Amount Paid _____	

V. TAX SCHEDULE

Effective July 1, 2003

CATEGORY	FY 2003-2004
General Tax	\$228.00
Employee Schedule – FT	\$23.00 (per each FT employee)
Employee Schedule – PT	\$11.00 (per each PT employee)
Artists - Working Space Only	\$77.00
Storage - Parking Space	\$228.00 plus \$1.48 per parking space
Billiard Parlor	\$758.00
Bowling Alley	\$758.00
Real Estate Broker	\$228.00 plus \$77.00 for each agent
Taxi Cab Company	\$228.00 plus \$48.00 for each cab
Gas Station	\$114.00 per pump plus employee schedule
Christmas Tree/Pumpkin Lots	\$115.00
Massage Parlors	\$3,026.00
Escort Services	\$3,026.00
Rental of Commercial Property *	\$77.00 per bldg. plus .38 per 100 sq ft.
Auctioneer	\$228.00
Rental of Residential Property Four (4) or More Dwelling Units *	\$24.00 per dwelling unit
Laundry Equipment and/or Coin-Op Machines *	1.5 percent of the 1st \$15,166 of gross receipts and
Coin-Op Machines *	.75 percent of gross receipts in excess of \$15,166
Coin Machines/Video/Vending	15 percent of the 1st \$1,517 of gross receipts and
Amusement *	5 percent of all gross receipts in excess of \$1,517
Advertising-Billboards *	0.74 per sq.ft. per sign and 0.55 per sq.ft. for illuminated signs
Contractors/Sub-Contractors	\$228.00
Solicitors	\$228.00
Hotels/Motels	\$228.00

* BUT NOT LESS THAN GENERAL TAX