

# NEW OR RENEWAL OF BUSINESS TAX APPLICATION

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.

**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](http://www.dgs.ca.gov/dsa/Home.aspx) .
- The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov) .
- The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov) .



# CITY OF ARCATA

736 "F" Street • Arcata, CA 95521  
(707) 822-5951

• Please Check One •

- NEW APPLICATION
- CHANGE OF OWNER
- CHANGE OF ADDRESS
- CHANGE OF BUS NAME
- HOME OCCUPATION
- OUTSIDE CITY

## BUSINESS LICENSE TAX CERTIFICATE APPLICATION

Business Name _____ Corporate Name _____ (If Different) Business Location _____ (Not P. O. Box) City _____ State _____ Zip _____ Bus. Phone (    ) _____ Bus. Fax (    ) _____	<b>• OFFICIAL USE ONLY •</b> BUSINESS LICENSE NO. _____ EXPIRATION DATE _____ SIC CODE _____ INPUT/MAILED _____ TOTAL PAID \$ _____ CHECK # _____ CREDIT CARD <input type="checkbox"/> CASH <input type="checkbox"/>
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Mailing Address \_\_\_\_\_  
 (If Different)  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email Address \_\_\_\_\_

Start Date	Description of Business

Ownership:  Corporation  Ltd Liability Corp  Sole Proprietor  Partnership  Trust

State Lic. No. \_\_\_\_\_ License Type \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Resale No. \_\_\_\_\_ Federal ID No. \_\_\_\_\_ State ID No. \_\_\_\_\_

Enter below names of Owners, Partners, or Corporate Officers - Use Additional Sheets as necessary

Owner Name \_\_\_\_\_ Title \_\_\_\_\_ Phone (    ) \_\_\_\_\_  
 Home Address \_\_\_\_\_ Drivers License No. \_\_\_\_\_  
     City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Social Security No. \_\_\_\_\_

Owner Name \_\_\_\_\_ Title \_\_\_\_\_ Phone (    ) \_\_\_\_\_  
 Home Address \_\_\_\_\_ Drivers License No. \_\_\_\_\_  
     City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Social Security No. \_\_\_\_\_

In case of an emergency please contact:

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone (    ) \_\_\_\_\_  
 Address \_\_\_\_\_ Cell Phone (    ) \_\_\_\_\_  
     City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Alarm System (if applicable) Burglary / Security Alarm:  Yes  No

Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_  
 Address \_\_\_\_\_ License No. \_\_\_\_\_

### PLEASE FILL IN THE APPROPRIATE BOXES BELOW AND SIGN

<p><b>IMPORTANT NOTE:</b> Issuance of a Business License Tax Certificate does not in any manner excuse compliance with any applicable state, county or municipal laws or regulations. You are advised that the zoning laws, building codes, public health laws and other laws and regulations of the City, county, state or federal governments may affect your ability to conduct business at the address indicated. Contact the Community Development/Building Department at 822-5955 and the Environmental Services Department at 822-8184 for further information. Violations of laws subject you to prosecution and possible penalties. The purpose of the business license tax is solely to raise money for municipal purposes and is not intended to be a license to do business.</p> <p><b>CERTIFICATION:</b> I certify under penalty and perjury that the above information is true and correct to the best of my knowledge.</p> <p>Signature _____        Title _____ Date _____</p> <p style="text-align: center;"><i>Thank you for doing business in the City of Arcata</i></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">No. of Employees/Owners:</td> <td style="width: 20%;">Full-Time</td> <td style="width: 20%;">Part-Time</td> </tr> <tr> <td>No. of Units:</td> <td colspan="2"> </td> </tr> </table> <p>Based on the fee schedule on the back of this form, please calculate the amount due.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Employees/Owners Fees</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Unit Fees</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Other Fees</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Other Fees</td> <td style="text-align: right;">\$ 1.00</td> </tr> <tr> <td><b>TOTAL AMOUNT DUE</b></td> <td style="text-align: right;"><b>\$</b></td> </tr> </table> <p><small>NOTICE: 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 <a href="http://www.dgs.ca.gov/dsa/Home.aspx">www.dgs.ca.gov/dsa/Home.aspx</a> - The Department of Rehabilitation at <a href="http://www.rehab.cahwnet.gov">www.rehab.cahwnet.gov</a> - The California Commission on Disability Access at <a href="http://www.cdda.ca.gov">www.cdda.ca.gov</a>.</small></p>	No. of Employees/Owners:	Full-Time	Part-Time	No. of Units:			Employees/Owners Fees	\$	Unit Fees	\$	Other Fees	\$	Other Fees	\$ 1.00	<b>TOTAL AMOUNT DUE</b>	<b>\$</b>
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RETURN APPLICATION TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO CITY OF ARCATA