



BUSINESS LICENSE TAX STATEMENT APPLICATION

CERTIFICATE PERIOD / GROSS REVENUE ESTIMATE

FROM:
(Desde)

TO: 12/31/
(Hasta)

ESTIMATED GROSS REVENUE:
(Estimado: Ingreso total en Bruto)

CITY OF SANTA PAULA • P.O. BOX 569 • SANTA PAULA, CA 93061 • (805) 933-4211 • www.ci.santa-paula.ca.us

APPLICATION INSTRUCTIONS (INSTRUCCIONES DE APLICACIÓN)

- NEW / RELOCATED COMMERCIAL BUSINESS BASED WITHIN CITY LIMITS**
Complete this form + *Commercial Business Permit Application* and submit with fees
 - HOME OCCUPATION BUSINESS BASED WITHIN CITY LIMITS**
Complete this form + *Home Occupation Permit Application* and submit with fees
 - BUSINESS BASED OUTSIDE CITY LIMITS**
Complete this form *only* and submit with fees – CDD approval not required
- SPECIAL EVENT NAME(if applicable):** *Select One

FEES (TARIFA)

TAX FEE (CUOTA FISCAL) SECOND PAGE SEGUNDA PAGINA	PENALTY	ADJUST	CA FEE	TOTAL
			\$4	

APPLICANT INFORMATION (INFORMACIÓN DEL APLICANTE) Complete ALL Boxes-State "N/A" for Any that DO NOT Apply

Fictitious Business Name/DBA (if applicable):

(Nombre comercial ficticio/DBA (si corresponde))

Legal Owner or Corporation Name:

(Propietario legal o nombre de la corporación)

Entity Type:

(Tipo de entidad)

- Sole (Único)
 Partnership (Asociación)
 Corporation* (Corporación)
 LLC/LLP* (LLC/LLP)
 501(c)(3)* (501(c)(3))

*Attach copy of Articles of Incorporation, LLC/LLP, or 501(c)(3) verification

City Limits:

(Límites de la ciudad)

Inside (Dentro)

Outside (Afuera)

Federal Tax ID No.:

(Número de identificación fiscal federal)

Board of Equalization/Resale No.:

(Número de la Junta de Igualación/Reventa)

State Employer ID No.:

(Número de identificación del empleador estatal)

State License No.:

(Número de licencia estatal)

Exp.:

(Vencimiento)

Social Security No.:

(Número de seguridad social)

Date of Birth (if required):

(Fecha de nacimiento (si es requerido))

BUSINESS INFORMATION (INFORMACIÓN DE NEGOCIOS)

Business Description:

(Descripción del negocio)

Number of Employees:

(Número de empleados)

Full Business Address:

(Dirección comercial completa)

*Cannot be a P.O. Box (No puede ser un apartado de correos)

Business Phone:

(Número de teléfono del negocio)

Business Email:

(Correo electrónico del negocio)

Business Mailing Address (if different):

(Dirección postal del negocio (si es diferente))

Owner/Corporation Address (if different):

(Dirección del propietario / corporación (si es diferente))

Owner/Corporation Phone:

(Número de teléfono del propietario / corporación)

Owner/Corporation Email:

(Correo electrónico del propietario / corporación)

ADDITIONAL INFORMATION (INFORMACIÓN ADICIONAL)

REVISIONS TO RECEIPTS (REVISIONES DE RECIBOS)

GROUP NO.	VEHICLES	LIVING UNITS	MACHINES			PREVIOUS EST GROSS RECEIPTS	ACTUAL GROSS RECEIPTS
			VENDING	AMUSEMENT	MUSIC		

SIGNATURE (FIRMA)

By signing this statement: I/We declare, under penalty of perjury, that this certification is made by me, that I am authorized to make such statement, and to the best of my knowledge and belief it is a true, correct and complete return made in good faith for the period stated, pursuant to the provisions of the Business Tax Ordinance Code of the City of Santa Paula. I further certify there has been no change in ownership since the last application or renewal.

Applicant Signature:

(Firma del solicitante)

Date:

(Fecha)

Print Full Name:

(Imprimir nombre completo)

RATE SCHEDULE 100

BUSINESS LICENSE TAX STATEMENT

Your annual business license tax statement ("business license") fee is based off the estimated gross revenue of your business for one (1) year. Locate your estimated gross revenue figure in the table below, and enter the corresponding amount in the TAX FEE box on the front page. If you underestimate your gross revenue, the City will bill you for the difference to the correct fee amount upon renewal.

La tarifa anual de declaración de impuestos de licencia comercial ("licencia comercial") se basa en los ingresos totales estimados de su negocio durante un (1) año. Ubique su cifra de ingresos totales estimados en la tabla a continuación e ingrese el monto correspondiente en el recuadro CUOTA FISCAL en la página principal. Si subestima su ingreso total, la Ciudad le facturará la diferencia al monto correcto de la tarifa al momento de la renovación.

CODE	GROSS INCOME RANGE	FEE
110	\$39,999—Under	\$25
120	\$40,000—\$59,999	\$35
130	\$60,000—\$99,999	\$45
140	\$100,000—\$199,999	\$65
150	\$200,000—\$299,999	\$85
160	\$300,000—\$399,999	\$100
165	\$400,000—\$499,999	\$125
170	\$500,000—\$599,999	\$150
175	\$600,000—\$799,999	\$175
180	\$800,000—\$999,999	\$200
181	\$1,000,000—\$1,999,999	\$225
182	\$2,000,000—\$2,999,999	\$250
183	\$3,000,000—\$3,999,999	\$275
184	\$4,000,000—\$4,999,999	\$300
185	\$5,000,000—\$5,999,999	\$325
186	\$6,000,000—\$6,999,999	\$350
187	\$7,000,000—\$7,999,999	\$375
188	\$8,000,000—\$8,999,999	\$400
189	\$9,000,000—\$9,999,999	\$425
190	\$10,000,000—Above	\$450

+\$25 per each \$1 million additional gross receipts or fraction thereof.

Rate Schedules 200 (Dance/Entertainment/Delivery/Miscellaneous), 300 (Rental Units), 400 (Theaters), 500 (Vending/Amusement) are applicable as required and will be provided for review as needed.