THE CITY OF BRENTWOOD
HERITAGE ▪ VISION ▪ OPPORTUNITY

150 City Park Way
Brentwood, CA 94513
925–516–5480
Fax 925–516–5401

Please remember to sign the bottom of the application.

*** Instructions are on the back.**

Please Check One or More:

- NEW APPLICATION ❑
- CHANGE OF OWNER ❑
- CHANGE OF ADDRESS ❑
- CHANGE OF BUSINESS NAME ❑
- HOME OCCUPATION ❑

BUSINESS TAX CERTIFICATE APPLICATION

• OFFICIAL USE ONLY •

BUSINESS TAX NO. _____
HOZR# _____
CUP #_____

CE CASE NO. _____
DATE TO PLANNING _____
HOME OCC ZONING REVIEW NEEDED? ☐ Yes ☐ No

PLEASE TYPE OR PRINT CLEARLY- ALL ASTERISKED INFORMATION IS REQUIRED.

1.Business Name* _____

2.Business Location* _____

(not P.O. Box)* _____

3.Mailing Address _____

(if different) _____

4. Business Phone* (_____)_____ **5.Bus. Fax** (_____)_____

6.Start Date in Brentwood _____

7.Business Type:* ❑ Retail ❑ Wholesale ❑ Service ❑ Manufacturing ❑ Contractor ❑ Other

8.Briefly describe the nature of your business*_____

9. Ownership Type:*❑ Corporation ❑ Ltd. Liability Corp. ❑ Partnership ❑ Sole Proprietor ❑ Trust

10. State License No. _____ **11.License Type** _____ **12.Expiration Date** _____

13. Resale Number* _____ **14.Federal Tax I.D. No.** _____ **15. State Tax I.D. No.** _____

*MUST SUBMIT A COPY OF SELLER'S PERMIT

Enter names of Owners, Partners, or Corporate Officers. Attach additional page if needed. The City will endeavor to keep the information below confidential, pursuant to Municipal Code 5.04.160 and the Public Records Act, except for Owner Name and Title.

16.Owner Name* _____ **17.Title*** _____ **18.Phone*** (_____)_____

19.Home Address* _____ **20.Alternate Phone*** (_____)_____

21. Social Security No.* _____ **22.Driver's License No*.** _____ **23.Email** _____

In case of emergency, please contact:

24.Name* _____ **25.Title*** _____ **26.Phone*** (_____)_____

27.Address* _____ **28.Cell Phone** (_____)_____

PLEASE ENTER YOUR BUSINESS INFORMATION IN THE BOXES TO THE RIGHT

Your Business Tax Certificate fee is based on your Gross Receipts for the prior year. Enter your Gross Receipts in the box to the right. Calculate your tax due from the table below and enter your Tax Due in the next box to the right. For a new business, which has no gross receipt history, the applicant is required to estimate the gross receipts.

Gross Receipts Equal To:	Tax Due Is:
$000,000 to $333,333	$100 (Minimum Tax)
$333,334 to $500,000	$.30 per $1,000 of Gross Receipts
$500,001 to $1,000,000	$150 + $.25 per $1,000 in excess of $500,000
$1,000,001 & up	$275 + $.15 per $1,000 in excess of $1,000,000

29. No. of Employees	
30. Gross Receipts* (Estimate if new business)	$
31. Tax Due*	$
32. Application Fee*	$ 38.30
33. Home Occ. Zoning Review Fee $50.00 *(if applicable)*	$
34. State Mandated Fee (SB1186)**	$ 1.00
35. Total Amount Due (Add lines 29 thru 34)*	$

I declare, under penalty of perjury, that the information in this application is true and correct to the best of my knowledge. I certify that I will operate my business in accordance with all applicable Federal, State and City laws and regulations. I further understand that any false statements made above are grounds for denial or revocation of my business license. The business tax certificate shall be evidence only of the fact that such business tax has been paid. Neither the payment of the business tax nor the possession of the business tax certificate shall authorize, permit, or allow the doing of any act which the person paying or holding such business tax certificate would not otherwise be entitled to do; nor shall it be construed as permission to conduct or carry on a business at any place within the City where the conducting or carrying on of such business is prohibited or fails to comply with the City's zoning, planning, or building regulations, nor shall it be construed as permission to conduct or carry on a business in such a manner as to create or maintain a nuisance. (Municipal Code 5.04.020)

36. Signature of Owner or Representative*_____Date_____

RETURN SIGNED APPLICATION FORM TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO "CITY OF BRENTWOOD"

INSTRUCTIONS

1. Enter the Business Name
2. Enter the Business Address (location of the Business)
3. Enter the Mailing Address (if different)
4. Enter the Business Phone Number
5. Enter the Business Fax Number
6. Enter the Start date of the Business in Brentwood
7. Enter the Type of the Business
8. Enter the Description of the Business
9. Enter the Ownership Type of the Business
10. Enter the State License Number of the business (Contractor's, daycare provider, hairdresser, etc.)
11. Enter the License Type (if applicable)
12. Enter the Expiration Date of the State License (if applicable)
13. Enter the Resale Number (if selling tangible product and provide a copy)
14. Enter the Federal Tax I.D. Number (if applicable)
15. Enter the State Tax I.D. Number (if applicable)
16. Enter the Owner's Name (attach a page if needed)
17. Enter the Owner's Title
18. Enter the Owner's Phone Number
19. Enter the Owner's Home Address
20. Enter the Owner's Alternate Phone Number
21. Enter the Owner's Social Security Number (may omit if Federal I.D. Number is provided, see #14)
22. Enter the Owner's Drivers License Number
23. Enter the Owner's Email Address
24. Enter the Emergency Contact Name
25. Enter the Title of the Emergency Contact
26. Enter the Phone Number of the Emergency Contact
27. Enter the Address of the Emergency Contact
28. Enter the Cell Phone of the Emergency Contact
29. Enter the Number of Employees
30. Enter the Gross Receipts for the prior year. If you are a new business, you are required to estimate gross receipts
    For calculating your business tax, please visit the City of Brentwood's Tax Calculator at: http://www.brentwoodca.gov/department/fi/financial/bus_calc.cfm
31. Enter the Amount of Tax Due based on the Gross Receipts (#30)
32. Application Fee Due
33. Enter the Home Occupation Zoning Review Fee (if applicable)

** 34. On September 19, 2012, Governor Brown signed into law SB1186 which adds a state fee of $1 on any applicant for a local business license. In addition, SB1186 requires the following information to be given:

> "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
> The Department of Rehabilitation at www.rehab.cahwnet.gov
> The California Commission of Disability Access at www.ccda.ca.gov."

35. Enter the Total Amount Due (add #31 thru #34)
36. **Be sure to sign and date the form**

Remit your payment, along with your Business Tax Certificate Application to:

City of Brentwood
150 City Park Way
Brentwood, CA 94513
Or, fax to: **925-516-5401**
Phone Number: **925-516-5480**
City of Brentwood Web Site: www.brentwoodca.gov
Business Tax Web Site: **http://www.brentwoodca.gov/department/fi/financial/buslic.cfm**
City of Brentwood Business Tax Email: blmessages@brentwoodca.gov
Hours of Operation: 8:00-5:00 Monday through Friday