***IMPORTANT***

If you are a **first time business license applicant** and your business will be physically located inside the City Limits of Seaside, you must visit City Hall. As a new business license applicant, you must obtain prior approval from the City.

If you need to contact the City of Seaside, you may call them at (831) 899-6700.

If you complete this application and return it to MuniServices prior to obtaining City approval, your license will be placed on hold until approval has been received.
City of Seaside, CA
Application for Business Operations
Tax Certificate (Business License)

**New Businesses Only**
Contractors Must Use Form Specified for
“Contractors Only”

Fiscal Year 07/01/20___ – 06/30/20___

437 E Shaw Avenue Box 367 • Fresno, CA 93710 • Phone (866) 240-3665 • Fax (205) 423-4097
Email: bizlicensesupport@muniservices.com

**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.

1. Description of Business: ___________________________________________________________

2. Business Name: __________________________ Business Phone: (___) ______________________
   (Required-appears on business license) (Area Code)

3. Application Date: _____/_____/_______ Date Business Started in Seaside: _____/_____/_______

4. Location of Business: ______________________________________________________________
   (Address – do not use P.O. Box) (City) (State) (Zip Code)

5. Contact Name/Title: __________________________ Contact Phone #:_____________________

6. Contact Fax: __________________ Contact Email: _______________________________________

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)

9. Mailing Address: _________________________________________________________________
   (Address) (City) (State) (Zip Code)

10. State Contractor’s License #: ___________________________ Class: _______________________

11. Business is owned and operated by: a) Individual _____ b) Corporation ______ c) Partnership _______

12. Social Security #:________________________ Federal ID #: __________________ Sellers Permit #: _______
   (Individual) (Corporation/Partnership) (For Collection of Sales Tax)

13. If item 11 (b) or (c) applies, list name of corporate president or names of partners:

   NAME                      TITLE
   ________________________  ______________________
   ________________________  ______________________

14. If corporation, the following must be completed:

   a. Exact corporation name is: _______________________________________________________
   b. Date of Incorporation: _____/_____/_______ Incorporated in State of: ___________________
   c. Name of officer authorized to accept service of legal process: _______________________

15. 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. ***

16. Any equipment, materials, or products stored at the business location? Yes ______ No ______
    If yes, please describe: _____________________________________________________________
I/We certify that the estimated gross income for the contract or work performed within the City of Seaside for this job will not exceed $__________

***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: ______________________________________________

I/We certify that the estimated gross income for the contract or work performed within the City of Seaside for this job will not exceed $__________ (Must provide a copy of a valid California State Contractors License)

**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 – You must calculate the applicable fire inspection fee based on the descriptions below. You must add either Schedule 1.00, 1.01 or 1.03 if you are physically located within the City limits of Seaside.

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 20 units = $243.00
Twenty One (21) to fifty (50) units = $484.00
Fifty One units and up = $645.00

$________________________

Schedule 1.01 or 1.03 Fire Inspection Fee: – (All Other Businesses physically located within the City Limits) Add fee of $243.00

$________________________

Step 3: CA Senate Bill #1186 (Mandatory State Fee Effective January 1, 2013):

$________________________

Step 4: Penalties (if applicable):

$________________________

Step 5: Administration Fee:

$________________________

Total Fees Due:

$________________________

(Mandatory State Fee Effective January 1, 2013):

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

Make check payable to:  Tax Trust Account and remit to:  MuniServices; 438 E Shaw Avenue Box 367; Fresno, CA  93710

To be completed by the City of Seaside Business License Department Only:

Payment Method: □ Check □ Cash □ Credit Card

□ No Additional Payment Collected

Payment Method Forwarded to MuniServices? □ Yes □ No

If payment forwarded to MuniServices make check payable to “Tax Trust Account”.

Form/Pymt Rec’d By: ____________________

Date Form/Pymt Rec’d: ____________________

***ALL APPLICANTS MUST READ AND SIGN BELOW***

**REQUIRED DEPARTMENTAL SIGNATURES**

Building Department: ___________________ Date ___________________
(For Commercial Business)

Code Enforcement: ___________________ Date ___________________
(For business in your home)

Planning Division: ___________________ Date ___________________
(For businesses located in Seaside)

Police Department: ___________________ Date ___________________
(For Commercial business and peddlers)

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 California Commission on Disability Access at www.ccda.ca.gov
• The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx
• The Department of Rehabilitation at www.rehab.ca.gov
• The California Commission on Disability Access at www.ccds.ca.gov

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: __________________________

Business Name: __________________________________________ Contact #: ( ) __________________________

(Required-appears on business license)

**PENAL CODE SECTIONS**

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.

Penal Code 137.6 – MuniServices/RDS is not responsible for any additional bank fees that will accrue due to the resubmission of the returned item. Please see the full returned check policy at www.revds.com/taxpayer/return-check-disclaimer.