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___

P.O. Box 830725 • Birmingham, AL 35283-0725 • Phone (866) 240-3665 • Fax (205) 423-4097
Email: bizlicensesupport@muniservices.com

****PLEASE PRINT INFORMATION AND COMPLETE ALL SECTIONS****PLEASE RETURN ORIGINAL WITH LICENSE FEES****

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 9 (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 <u>DOES NOT</u> 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 _____

17. **I/We certify that the estimated sales/income for the year ending June 30, 20_____ 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.)

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 or Schedule 1.01 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 following:
Four(4) or less units = $ 103.00
Five (5) to twenty (20) units = $ 152.00
Twenty – one (21) to fifty (50) units = $ 201.00
More than fifty (50) units = $ 250.00 **$_____**

Schedule 1.01 Fire Inspection Fee – (All Other Businesses physically located within the City Limits)
Add fee of $103.00 for Schedule 1.01.
$_____

Step 3: Penalties (If applicable) **$_____**

Step 4: Administration Fee: **$ _____13.00**

Total Fees Due: **$_____**

(License Fee + Fire Inspection Fee (if required) + Penalties (if applicable) + Admin Fee)
(Make check payable to: Tax Trust Account and remit to: MuniServices; P.O. Box 830725; Birmingham, AL 35283-0725)

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)

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

Payment Method:
☐ Check ☐ Cash ☐ Credit Card

Payment Method Forwarded to MuniServices?
☐ Yes ☐ No

Collected By: _____

Date Collected: _____

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

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 DISLOSURE 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 126. PUNISHMENT FOR PERJURY: Perjury is punishable by imprisonment in the state prison for not less than two, three or four years.

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.