



### \*\*\*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 (9992)**  
**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\_\_**

438 E Shaw Avenue Box 367 • Fresno, CA 93710 • Phone (866) 240-3665 • Fax (855) 219-4338  
 Email: [bizlicensesupport@muniservices.com](mailto: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:** \_\_\_\_\_ **NAIC Code:** \_\_\_\_\_  
(Code can be found at [www.naics.com](http://www.naics.com))
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: \_\_\_\_\_

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.) 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):** \$ \_\_\_\_\_ **1.00**

**Step 4: Penalties (If applicable):** \$ \_\_\_\_\_

**Step 5: Administration Fee:** \$ \_\_\_\_\_ **13.00**

**Total Fees Due:** \$ \_\_\_\_\_

(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)

**\*\*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:**  
(If payment is collected, please submit copy of payment and receipt.)  
 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:** \_\_\_\_\_

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)

**\*\*\*\*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 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 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.

**Returned Check Disclaimer:** Effective July 1, 2010, each returned item received by MuniServices/RDS due to insufficient funds will be electronically represented to the presenters' bank no more than two times in an effort to obtain payment. 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](http://www.revds.com/taxpayer/return-check-disclaimer).