NEW OR RENEWAL OF BUSINESS TAX APPLICATION

On September 19, 2012 Governor Brown signed into law SB-1186 which adds a state fee of \$1 on any applicant for a local business license or similar instrument or permit, or renewal thereof. The purpose is to increase disability access and compliance with construction-related accessibility requirements and to develop educational resources for businesses in order to facilitate compliance with federal and state disability laws, as specified.

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:

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



CITY OF ARCATA

736 "F" Street • Arcata, CA 95521

(707) 822-5951

• Please Check One •				
NEW APPLICATION				
CHANGE OF OWNER				
CHANGE OF ADDRESS				
CHANGE OF BUS NAME				
HOME OCCUPATION				
OUTSIDE CITY	П			

BUSINESS LICENSE TAX CERTIFICATE APPLICATION

			OFFICIAL USE ONLY •				
Business Name			BUSINESS LICENSE NO				
Corporate Name	*****	NO. 100 AND ADDRESS OF THE PARTY OF THE PART	EXPIRATION DATE				
(If Different) Business Location			SIC CODE				
(Not P. O. Box)			INPUT/MAILED				
City	State	Zip	TOTAL PAID	\$			
Bus. Phone ()Bu	s. Fax()		CHECK#	CREDI	TCARD□ CASH □		
Mailing Address							
(If Different)							
City	State ?	Zip	Email Addres	ss			
Start Date Description of Business							
Ownership: Corporation Ltd Liability Corp	☐ Sole Proprietor ☐	Partnership T	rust				
			Expiration Date				
Resale NoFe	deral ID No		_ State ID No.	-			
Enter below names of Owners, Partners, or Corporate C	fficers - Use Additional Shee	ets as necessary					
Owner Name		_Title	itle Phone ()				
Home Address			Drivers License No				
City	State	Zip	Social Security No.				
Owner Name		_Title	itle Phone ()				
Home Address		January 1990	Drivers License No				
City	State	Zip	Social Security No				
In case of an emergency please contact:							
Name		Title	Ph	one ()			
Address							
City State Zip							
Alarm System (if applicable) Burglary / Secur	ity Alarm: 🛭 Yes 🗎 N	lo					
Name		Phone ()					
Address			License No.				
PLEASE FILL IN THE APPROPRIATE BOXES BELOW AND SIGN							
IMPORTANT NOTE: Issuance of a Business Licens			ees/Owners:	Full-Time	Part-Time		
in any manner excuse compliance with any applicable laws or regulations. You are advised that the			No. of Units:				
codes, public health laws and other laws and county, state or federal governments may	regulations of the City.	and the second second	e schedule on	the back of this	form places		
conduct business at the address indicated. (Development/Building Department at 822-5955	Contact the Community	calculate the a		ule back of tills	ioriii, piease		
Services Department at 822-8184 for further in laws subject you to prosecution and possible pena	formation. Violations of	Employees	Employees/Owners Fees \$				
business license tax is solely to raise money for mur			Unit Fees \$				
intended to be a license to do business.			Other Fees	\$			
CERTIFICATION: I certify under penalty and perjury that the above information is true and correct to the best of my knowledge.			Other Fees \$ 1.00				
Signature		TOTALA	TOTAL AMOUNT DUE \$				
- Grandit		(5) (5)			pagan lawa is a serieur serieur		
Title	Date	significant responsibility	y that applies to all Ca	alifornia building owners	ccess laws is a serious and s and tenants with buildings		
Thank you for doing business in the Ci	ty of Arcata	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.ca RETURN APPLICATION TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO CITY OF ARCATA - The California Commission on Disability Access at www.cda.ca.gov.				.gov.			