



# 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 ☐

## BUSINESS LICENSE TAX CERTIFICATE APPLICATION

### • OFFICIAL USE ONLY •

Business Name _____	BUSINESS LICENSE NO. _____
Corporate Name _____ (If Different)	EXPIRATION DATE _____
Business Location _____ (Not P. O. Box)	SIC CODE _____
City _____ State _____ Zip _____	INPUT/MAILED _____
Bus. Phone ( ) _____ Bus. Fax ( ) _____	TOTAL PAID \$ _____
	CHECK # _____ CREDIT CARD <input type="checkbox"/> CASH <input type="checkbox"/>

Mailing Address \_\_\_\_\_  
(If Different)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email Address \_\_\_\_\_

Start Date	Description of Business

Ownership: ☐ Corporation ☐ Ltd Liability Corp ☐ Sole Proprietor ☐ Partnership ☐ Trust

State Lic. No. \_\_\_\_\_ License Type \_\_\_\_\_ Expiration Date \_\_\_\_\_

Resale No. \_\_\_\_\_ Federal ID No. \_\_\_\_\_ State ID No. \_\_\_\_\_

Enter below names of Owners, Partners, or Corporate Officers - Use Additional Sheets as necessary

Owner Name \_\_\_\_\_ Title \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Home Address \_\_\_\_\_ Drivers License No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Social Security No. \_\_\_\_\_

Owner Name \_\_\_\_\_ Title \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Home Address \_\_\_\_\_ Drivers License No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Social Security No. \_\_\_\_\_

In case of an emergency please contact:

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Alarm System (if applicable) Burglary / Security Alarm: ☐ Yes ☐ No

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ License No. \_\_\_\_\_

### PLEASE FILL IN THE APPROPRIATE BOXES BELOW AND SIGN

**IMPORTANT NOTE:** Issuance of a Business License Tax Certificate does not in any manner excuse compliance with any applicable state, county or municipal laws or regulations. **You are advised that the zoning laws, building codes, public health laws and other laws and regulations of the City, county, state or federal governments may affect your ability to conduct business at the address indicated. Contact the Community Development/Building Department at 822-5955 and the Environmental Services Department at 822-8184 for further information.** Violations of laws subject you to prosecution and possible penalties. The purpose of the business license tax is solely to raise money for municipal purposes and is not intended to be a license to do business.

**CERTIFICATION:** I certify under penalty and perjury that the above information is true and correct to the best of my knowledge.

Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

*Thank you for doing business in the City of Arcata*

RETURN APPLICATION TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO CITY OF ARCATA

No. of Employees/Owners:

Full-Time

Part-Time

No. of Units:

Based on the fee schedule on the back of this form, please calculate the amount due.

Base Fee (416)

\$

New App. Fee (416/610)

\$

State CASp Fee (312)

\$ 4.00

**TOTAL AMOUNT DUE**

\$

NOTICE: 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).

## City of Arcata – Business License Tax Information

### Base Fees

#### **BUSINESS LICENSE TAX BASED BY EMPLOYEE**

*“Employee” is defined as any person including owner, manager, agent, etc., employed or working in said business. Two part-time employees equal one full-time employee.*

Base License Tax (includes one employee)	\$40.00
2-20 Employees (each)	\$10.00
21-70 Employees (each)	\$5.00
Part-time employees	\$5.00
(No additional charges for 71+ employees)	

#### **OUTSIDE CITY LIMITS – GENERAL LICENSE FEE**

Base License Tax (no employee fees)	\$40.00
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#### **CONTRACTORS & SUBCONTRACTORS**

Contractors	\$50.00
Subcontractors	\$10.00/job or \$50.00
(not to exceed \$50.00)	

#### **FESTIVALS, FAIRS, MISCELLANEOUS VENDORS OR CRAFT SALES**

Base License Tax (Annual)	\$40.00
Booth Fee (specific application available)	\$20.00

#### **POOL HALLS, BILLIARD PARLORS, CARD ROOMS AND MINI STORAGE**

Pool Halls/Billiard Parlors	\$10.00/table
(minimum of \$40.00)	\$100.00/table
Card Rooms	\$40.00
Mini-Storage: Up to 20 Units	\$50.00
21-40 Units	\$75.00
41+ Units	

#### **CARNIVAL & CIRCUS**

Carnival/Circus	\$50.00/day
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#### **GOLF COURSES AND RIFLE RANGES**

Golf Courses/Rifle Ranges	\$50.00
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#### **SPECIAL SALES, BANKRUPTCY SALES, SOLICITORS**

Special Sales/Solicitors	\$50.00/day
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#### **APARTMENTS, MOTELS, HOTELS, TRAILER COURTS, AND ROOMING HOUSES**

Base License Tax	\$40.00
(includes first 3 units or 5 tenants)	
<b>In Addition:</b>	
Apartment	
Over 3 units	\$5.00/unit
Rooming Houses	
Over 5 units	\$2.00/unit
Hotels/Motels/Trailer Courts	
Over 4 tenants	\$2.00/tenant

### Additional Fees

#### **General Information**

In **addition** to the specific business-type fees listed above, the following fees apply to most Business License Tax Applications.

<b>New Applications:</b>	\$10.00 (Processing Fee)	<b>Address/Owner Changes:</b>	\$5.00
	\$20.00 (Planning Compliance Fee)	<b>Reprint of License:</b>	\$5.00
	\$4.00 (State CASp Fee)	<b>Non-Profit Entities:</b>	exempt*
<b>Renewal Applications:</b>	\$5.00 (Processing Fee)	<b>Veterans:</b>	exempt*
	\$10.00 (Planning Compliance Fee)	<b>Fireworks Booths</b> (Non-Profit only)	exempt*
	\$4.00 (State CASp Fee)	*(with completed application & Non-Profit ID# or proof of service)	

**All Fees are due by July 1<sup>st</sup> every year. Penalties of 10% per month will be added if not paid by July 31, not to exceed 50% of the total annual tax. All incomplete/unsigned forms will be returned unprocessed.**

#### **SERVICE OF PROCESS ADDRESS, PURSUANT TO AB 2184 – AVAILABLE FOR PUBLIC INSPECTION**

If you wish to protect your residential address with a different service of process address, please provide it below.

NOTE- If your service of process address is a post office box or private mailbox, it must comply with paragraph (2) of subdivision (b) of Section 17538.5 of the California Business and Professions Code.

**Service of Process Address** \_\_\_\_\_

**Residential Address to protect**    ☐ Business Location    ☐ Mailing Address    ☐ Owner/Partner/Officer Address