BUSINESS LICENSE APPLICATION
AND
GROSS RECEIPTS TAX FORM

Business Name: ___________________________ Business ID: ___________________________

Business Address: ___________________________

Primary Phone Number: __________________ Billing Contact Name: ___________________

Billing Contact Phone number: ____________ Billing E-Mail Address: ___________________

Billing Address: ____________________________

Ownership Type:  ____Corporation  ____Partnership  ____Sole Proprietor  ____Other: ____________________________

Business Description: ___________________________

Federal Employer ID (or Social Security Number): ____________ State Contractor's License (if applicable): ____________

New Business Start Date (if applicable): ____________

Principal Owner/Officer/Partner: ___________________________

Address: ___________________________

Phone Number: ____________ E-Mail Address: ___________________________

1) Enter last year's Gross Receipts. (If new business, enter "None"): ____________________________ $ ____________________________

Gross Receipts "shall mean and include the total amounts received or receivable from sales, services, rentals, or leases for the performance of any act or service of whatever nature it may be."

The City is "authorized to examine such books and records of any applicant for a business tax certificate as may be necessary to verify the amount of the business tax due."

x .0005

2) Tax due based on Gross Receipts: ____________________________ $ ____________________________

Multiply Line 1 by .0005 (50¢ per $1000).

3) Minimum Tax Due: ____________________________ $ ____________________________

If home occupation or no fixed place of business in Guadalupe, enter $100.

Enter $200 for fixed place of business in Guadalupe.

4) Actual Tax Due: ____________________________ $ ____________________________

Enter greater of Line 2 or Line 3.

5) Delinquent Fee: 10% of line 4 if paid after 7/31 ____________________________ $ ____________________________

6) SB1186 Mandatory disability access and ADA compliance fee $4.00

7) Total Due: (add lines 4, 5 and 6) ____________________________ $ ____________________________

Return this signed form with check payable to the City of Guadalupe by June 30th.

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

Signature of Owner or Representative ____________________________ Date ____________________________

Rev1/4/18