



City of Guadalupe
 918 Obispo Street
 P.O. Box 908
 Guadalupe, CA 93434
 805-356-3896

**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.
 Interest and penalties will be assessed for late filing.**

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