



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:** \_\_\_\_\_

Are you an industry?  Yes  No (if no, skip to other side).

**Industry Standard Industrial Code (SIC):** \_\_\_\_\_

**Industrial Stormwater Permit Waste Discharge Identification (WDID), WDID application number, Notice of Non-Applicability (NONA), or No Exposure Certification (NEC):** \_\_\_\_\_

Continue on other side.

- 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 30<sup>th</sup>.  
 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

**Public Works Department (Date) \_\_\_\_\_**

Sidewalk condition \_\_\_\_\_  
 Old Signs removed Yes \_\_\_\_\_ No \_\_\_\_\_  
 New sign size \_\_\_\_\_  
 Utilities connected Yes \_\_\_\_\_ No \_\_\_\_\_  
 Trash receptacles Yes \_\_\_\_\_ No \_\_\_\_\_

**Building & Fire Safety Division (Date) \_\_\_\_\_**

Zone District \_\_\_\_\_  
 CUP required Yes \_\_\_\_\_ No \_\_\_\_\_  
 Transfer tax paid Yes \_\_\_\_\_ No \_\_\_\_\_  
 Zone Requirements \_\_\_\_\_  
 Retail sales \_\_\_\_\_ Wholesale \_\_\_\_\_ Mfg \_\_\_\_\_  
 Parking required \_\_\_\_\_

**Neighborhood & Life Safety (Date) \_\_\_\_\_**

**Services Division**  
 First Inspection Fee .....\$ \_\_\_\_\_  
 Second Inspection Yes \_\_\_\_\_ No \_\_\_\_\_  
 Fee.....\$ \_\_\_\_\_  
 Third Inspection Yes \_\_\_\_\_ No \_\_\_\_\_  
 Fee.....\$ \_\_\_\_\_

**Police Department (Date) \_\_\_\_\_**

Alcohol Sold Yes \_\_\_\_\_ No \_\_\_\_\_  
 Firearms Present Yes \_\_\_\_\_ No \_\_\_\_\_  
 Adult Entertainment Yes \_\_\_\_\_ No \_\_\_\_\_  
 Gambling Present Yes \_\_\_\_\_ No \_\_\_\_\_  
 Adult Literature Yes \_\_\_\_\_ No \_\_\_\_\_  
 Salvage Present Yes \_\_\_\_\_ No \_\_\_\_\_

Applicant: I certify under penalty of perjury that I have read conditions for issuance of a Business License, and I understand that if a permit is issued, I must meet the conditions listed. If the conditions are not met the permit shall be void and the Business must cease immediately. Please return your application with the appropriate license fee promptly. Business License is transferrable between owners only. Business License period is July 1<sup>st</sup> through June 30<sup>th</sup> each year. Annual renewal is required.

\* Gambling operations must show proof of California Gaming Commission Registration.  
 \* All Contractors and sub-contractors must show proof of workers comp certificate and liability insurance upon applying for a Business License.

**Permit Approvals**

Police Chief \_\_\_\_\_ Fire Chief \_\_\_\_\_ Finance Director \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

Total Cost Fee \$ \_\_\_\_\_

Receipt Code \_\_\_\_\_