

CITY OF EAST PALO ALTO
 Finance Department
 2415 University Avenue
 East Palo Alto, CA 94303
 (650) 853-3153
 Office Hours: 9:00 a.m. - 5:00 p.m. (Weekdays)

Check this box if you are making corrections on any preprinted information.

BUSINESS LICENSE RENEWAL 2018

DUE DATE: DECEMBER 31, 2017 DELINQUENT IF PAID AFTER FEBRUARY 1, 2018

To correct preprinted information, cross out any incorrect information and indicate changes above or beside it. Do not correct Line 1.
SEE ENCLOSED INSTRUCTIONS BEFORE PROCEEDING

1. LICENSE NUMBER	INDUSTRY CODE	<small>CITY USE ONLY</small>
2. BUSINESS NAME/MAILING ADDRESS	BUSINESS ADDRESS	
3. BUSINESS PHONE	CONTACT PHONE	EXT.
4. BUSINESS START DATE	DESCRIBE BUSINESS ACTIVITY	
5. OWNERSHIP TYPE	<small>SEE INSTRUCTIONS</small>	NO. OF FULL TIME EMPLOYEES
6. FEDERAL TAX ID NUMBER	SOCIAL SECURITY NO.	
7. STATE SELLER'S PERMIT NO.	STATE CONTRACTOR'S LICENSE NO.	

COMPUTATION OF BUSINESS LICENSE FEES
SEE ENCLOSED INSTRUCTIONS BEFORE PROCEEDING

8. 2017 GROSS RECEIPTS (may use range)	\$	
9. TAX DUE (SEE LINE 9 INSTRUCTIONS TO COMPUTE TAX)	\$	
10. PRIOR AMOUNT (TAX & PENALTY INTEREST)	<small>SEE INSTRUCTIONS</small>	\$
11. PENALTY (IF TAX IS PAID AFTER FEBRUARY 1, 2018)	<small>SEE INSTRUCTIONS</small>	\$
12. INTEREST (IF TAX IS PAID AFTER FEBRUARY 1, 2018)	<small>SEE INSTRUCTIONS</small>	\$
13. STATE MANDATED FEE (SB 1186)	\$	4.....00
14. TOTAL AMOUNT DUE (ADD LINES 9, 10, 11, 12 & 13)	\$	
15. PAYMENT ENCLOSED	\$	

I declare under penalty of perjury that all information contained on this declaration has been examined by me and to the best of my knowledge is true and complete.

SIGNATURE _____ TITLE _____ DATE ____ / ____ / ____

FORMS OF PAYMENT ACCEPTED: CHECK, CASH, OR MONEY ORDERS ONLY.

PLEASE WRITE LICENSE NUMBER ON CHECK MADE PAYABLE TO "CITY OF EAST PALO ALTO"

INSTRUCTIONS FOR COMPLETING DECLARATION

Paragraph numbers below correspond to numbered items on the Declaration. DO NOT FORGET TO CHECK BOX IF MAKING ANY CHANGES ON PREPRINTED INFORMATION.

1. LICENSE NUMBER/INDUSTRY CODE (City use only). DO NOT MAKE ANY CHANGES
2. (Make necessary corrections)
- 3-4 (Provide necessary information)
5. OWNERSHIP TYPE-Enter correct code from list below:
C = Corporation S = Sole Proprietorship
L = Limited Partnership T = Trust
P = Partnership NP = Non-Profit Organization
- 6-7 (Provide necessary information)
8. 2017 GROSS RECEIPTS is the actual amount received or receivable from all sales; the total amount of compensation actually received or receivable for the performance of any act or service.
9. **HOW TO COMPUTE YOUR TAX (WITH MEASURE O)**

(Enter Gross Revenue)		(Measure O 1.5% Tax)		(Business License Tax)
<input style="width: 100%; height: 20px;" type="text"/>	x	.015	=	<input style="width: 100%; height: 20px;" type="text"/>

NOTE: All taxes are due and payable on or before February 1, 2018 to avoid late penalty. Any tax (or portion thereof) that is unpaid after February 1, 2018 is subject to penalty and interest assessment. NO EXCEPTIONS.

10. PRIOR AMOUNT - An amount preprinted on this line represents 2017 and prior years License fee penalty or interest assessment (calculated through December 31, 2017). Please include this amount plus any additional interest (1% per month) with your payment (see item 12).
11. PENALTY - If the license fee is not paid (postmarked) on or before February 1, 2018, a penalty of 10% per month of the unpaid balance up to 100 % of the total tax originally due will be assessed.
12. INTEREST - If payment is made after February 1, 2018, interest is assessed at 1% per month or fraction thereof from February 2, 2018 until date paid. To calculate interest, multiply 1% times number of months delinquent to determine interest factor, then multiply interest factor times the tax due (Line 9) plus penalty (Line 11).
13. STATE MANDATED FEE - On September 19, 2012 Governor Brown signed into law SB-1186, which adds a state fee of \$4 to each application for a local business license or similar instrument or permit, or renewal thereof effective 1/1/13. 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. This fee is collected by the City and remitted to the State.

Complete the declaration - be sure an Owner, Partner, General Partner, or other authorized person signs the declaration. If mailed, make check or money order payable to "City of East Palo Alto". **DO NOT MAIL CASH.**

To file your declaration and/or obtain information please contact:

MAILING ADDRESS

City of East Palo Alto
Finance Department
2415 University Avenue, 2nd Flr
East Palo Alto, CA 94303

FINANCE DEPARTMENT

Telephone: (650) 853- 3100 (650) 853-3153
Fax: (650) 853-3115
Hours: 9:00 a.m. - 5:00 p.m. (Weekdays)