



**CITY OF ALAMEDA**  
**FINANCE DEPARTMENT**  
 2263 Santa Clara Avenue, Room 230  
 Alameda, CA 94501  
 (510) 747-4851

BUSINESS LICENSE NO. \_\_\_\_\_

FOR PERIOD  
 07/01/2013 - 06/30/2014

**BUSINESS LICENSE RENEWAL NOTICE**

PAYMENT DUE DATE: 6/30/2013

**Business** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**Name and** \_\_\_\_\_ **Fax No.** \_\_\_\_\_

**Location** \_\_\_\_\_ **Start Date** \_\_\_\_\_

\_\_\_\_\_ **Rate Type** \_\_\_\_\_

**Mailing** \_\_\_\_\_ **Federal ID No.** \_\_\_\_\_

**Address** \_\_\_\_\_ **State ID No.** \_\_\_\_\_

\_\_\_\_\_ **Ownership** \_\_\_\_\_

**Description of Business** \_\_\_\_\_

**Email Address** \_\_\_\_\_ **Website** \_\_\_\_\_

*If business is no longer active in Alameda, please enter closing date here, sign and return to the address above.*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Closing Date

\_\_\_\_\_  
Signature

**State License No.** \_\_\_\_\_

**License Type** \_\_\_\_\_

**Expiration Date** \_\_\_\_\_

**Resale No.** \_\_\_\_\_

Owners, Partners, or Corporate Officers - Please make any necessary corrections.

**Owner Name** \_\_\_\_\_ **Title** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Owner Name** \_\_\_\_\_ **Title** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

Emergency Contact - Please make any necessary corrections.

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

<p align="center"><b>FEE CALCULATION SCHEDULE</b></p> <p>RETURN THIS ENTIRE NOTICE WITH YOUR PAYMENT <b>IN THE ENCLOSED ENVELOPE</b> .          PLEASE REMIT PAYMENT <b>BEFORE AUGUST 1</b> TO AVOID PENALTIES.</p> <p><b>BUSINESS LICENSE TAX:</b>          Enter your prior year's Gross Receipts: \$ _____</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Minimum Tax:</td> <td style="width: 30%;">Gross Receipts</td> <td style="width: 40%;">Minimum Tax</td> </tr> <tr> <td></td> <td>\$ 0 - \$ 84,000</td> <td>\$ 84.00</td> </tr> <tr> <td></td> <td>\$ 84,000 - \$ 167,499</td> <td>\$ 124.00</td> </tr> <tr> <td></td> <td>\$ 167,500 - \$ 394,999</td> <td>\$ 158.00</td> </tr> <tr> <td></td> <td>\$ 395,000 and above</td> <td>\$ 0.40 per \$1,000</td> </tr> </table> <p>ROUND THIS RESULT TO THE NEAREST DOLLAR AND ENTER THE EVEN DOLLAR AMOUNT IN THE <b>BUSINESS LICENSE TAX</b> BOX AT RIGHT.</p> <p><b>PENALTY:</b> Penalty (if applicable) is 10% of the Business License Tax <b>beginning August 1</b>, plus 10% each succeeding month. Maximum Penalty = 60%. Enter applicable penalty amount in <b>Penalty</b> box at right.</p> <p><b>TOTAL AMOUNT DUE:</b> Add amounts in the Business License Tax, Penalty, BIA Charge, and Previous Balance boxes. Enter this amount in the <b>Total Amount Due</b> Box. <b>Please remit payment for this amount.</b></p>	Minimum Tax:	Gross Receipts	Minimum Tax		\$ 0 - \$ 84,000	\$ 84.00		\$ 84,000 - \$ 167,499	\$ 124.00		\$ 167,500 - \$ 394,999	\$ 158.00		\$ 395,000 and above	\$ 0.40 per \$1,000	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">No. of Employees</td> <td style="width: 30%; text-align: center;">_____</td> </tr> <tr> <td>Business License Tax</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Processing Fee (If renewed online this fee is \$5.00)</td> <td style="text-align: center;">\$ <b>20.00</b></td> </tr> <tr> <td>Penalty, If any</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>State CASp Fee</td> <td style="text-align: center;">\$ <b>1.00</b></td> </tr> <tr> <td>Business Improvement Area Charge</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Previous Balance</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><b>TOTAL AMOUNT DUE</b></td> <td style="text-align: center;"><b>\$ _____</b></td> </tr> </table> <p><b>NOTICE:</b> 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 <a href="http://www.dgs.ca.gov/dsa/Home.aspx">www.dgs.ca.gov/dsa/Home.aspx</a> - The Department of Rehabilitation at <a href="http://www.rehab.cahwnet.gov">www.rehab.cahwnet.gov</a> - The California Commission on Disability Access at <a href="http://www.ccda.ca.gov">www.ccda.ca.gov</a>.</p>	No. of Employees	_____	Business License Tax	\$ _____	Processing Fee (If renewed online this fee is \$5.00)	\$ <b>20.00</b>	Penalty, If any	\$ _____	State CASp Fee	\$ <b>1.00</b>	Business Improvement Area Charge	\$ _____	Previous Balance	\$ _____	<b>TOTAL AMOUNT DUE</b>	<b>\$ _____</b>
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*I declare under penalty of perjury that to the best of my knowledge the information above is correct and complete.*

\_\_\_\_\_  
 Signature of Owner or Representative

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Date

RETURN ENTIRE FORM IN ENCLOSED ENVELOPE WITH CHECK PAYABLE TO THE CITY OF ALAMEDA