



**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

*If business is no longer active in Alameda, please enter closing date here, sign and return to the address above.*

Business Name and Location

Phone No.

Fax No.

Start Date

Rate Type

Federal ID No.

State ID No.

Ownership

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

\_\_\_\_\_  
 Signature

Mailing Address

State License No.

License Type

Expiration Date

Resale No.

Description of Business

Email Address

Website

**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

**FEE CALCULATION SCHEDULE**

RETURN THIS ENTIRE NOTICE WITH OUR PAYMENT IN THE ENCLOSED ENVELOPE. PLEASE ENSURE REMITTANCE RECEIVED BY THE CITY BY JULY 31<sup>ST</sup> TO AVOID PENALTIES. PENALTIES WILL BE ASSESSED FOR ANY PAYMENT RECEIVED ON OR AFTER AUGUST 1<sup>ST</sup>.

**BUSINESS LICENSE TAX:**

Enter your prior year's Gross Receipts: \$ \_\_\_\_\_

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

ROUND THIS RESULT TO THE NEAREST DOLLAR AND ENTER THE EVEN DOLLAR AMOUNT IN THE BUSINESS LICENSE TAX BOX AT RIGHT.

**Penalty:** Penalty (if applicable) is 20% of the Business License Tax beginning August 1, plus 20% each succeeding month. Maximum Penalty + 100%. Enter applicable penalty amount in Penalty box at right.

**TOTAL AMOUNT DUE:** Add amounts in the Business License Tax, Processing Fee, Penalty, State CASp Fee, BIA Charge, and Previous Balance boxes. Enter this amount in the Total Amount Due Box. Please remit payment for this amount.

No. of Employees

Business License Tax \$

Processing Fee (If renewed online this fee is \$5.00) \$ 20.00

Penalty, if any \$

State CASp Fee \$ 1.00

Business Improvement Area Charge \$

Previous Balance \$

**TOTAL AMOUNT DUE** \$

**NOTICE:** 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 [www.dgs.ca.gov/dsa/Home.aspx](http://www.dgs.ca.gov/dsa/Home.aspx) - The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov) - The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov).

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**