



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

BUSINESS LICENSE NO.

FOR PERIOD
07/01/2014 - 06/30/2015

BUSINESS LICENSE RENEWAL NOTICE

PAYMENT DUE DATE:	6/30/2014		<i>If business is no longer active in Alameda, please enter closing date here, sign and return to the address above.</i>
Business Name and Location	Phone No.		/ /
	Fax No.		Closing Date
	Start Date		
	Rate Type		Signature
Mailing Address	Federal ID No.		
	State ID No.		
	Ownership		
		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	

<p align="center">FEE CALCULATION SCHEDULE</p> <p>RETURN THIS ENTIRE NOTICE WITH YOUR PAYMENT IN THE ENCLOSED ENVELOPE. PLEASE ENSURE REMITTANCE IS RECEIVED BY THE CITY BY JULY 31ST TO AVOID PENALTIES. PENALTIES WILL BE ASSESSED FOR ANY PAYMENT RECEIVED ON OR AFTER AUGUST 1ST.</p> <p>10. BUSINESS LICENSE TAX: Enter your prior year's Gross Receipts: \$ _____</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th align="left" style="width:40%;">Gross Receipts</th> <th align="left" style="width:60%;">Minimum Tax</th> </tr> </thead> <tbody> <tr> <td>\$ 0 - \$ 86,000</td> <td>\$ 86.00</td> </tr> <tr> <td>\$ 86,000 - \$ 171,499</td> <td>\$ 127.00</td> </tr> <tr> <td>\$ 171,500 - \$ 402,499</td> <td>\$ 161.00</td> </tr> <tr> <td>\$ 402,500 and above</td> <td>\$ 0.40 per \$1,000</td> </tr> </tbody> </table> <p>ROUND THIS RESULT TO THE NEAREST DOLLAR AND ENTER THE EVEN DOLLAR AMOUNT IN THE BUSINESS LICENSE TAX BOX AT RIGHT.</p> <p>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.</p> <p>TOTAL AMOUNT DUE: Add the amounts in boxes 1 through 6. Enter this amount in the Total Amount Due (Box 7) and remit payment for this amount.</p>	Gross Receipts	Minimum Tax	\$ 0 - \$ 86,000	\$ 86.00	\$ 86,000 - \$ 171,499	\$ 127.00	\$ 171,500 - \$ 402,499	\$ 161.00	\$ 402,500 and above	\$ 0.40 per \$1,000	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">No. of Employees</td> <td style="width:40%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td>Business License Tax 1.</td> <td style="border: 1px solid black; text-align: right;">\$</td> </tr> <tr> <td>Processing Fee (If renewed online this fee is \$10.00) 2.</td> <td style="border: 1px solid black; text-align: right;">\$ 25.00</td> </tr> <tr> <td>Penalty, If any 3.</td> <td style="border: 1px solid black; text-align: right;">\$</td> </tr> <tr> <td>State CAsp Fee 4.</td> <td style="border: 1px solid black; text-align: right;">\$ 1.00</td> </tr> <tr> <td>Business Improvement Area Charge 5.</td> <td style="border: 1px solid black; text-align: right;">\$</td> </tr> <tr> <td>Previous Balance 6.</td> <td style="border: 1px solid black; text-align: right;">\$</td> </tr> <tr> <td>TOTAL AMOUNT DUE 7.</td> <td style="border: 2px solid black; text-align: right;">\$</td> </tr> </table> <p>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 - The Department of Rehabilitation at www.rehab.cahwnet.gov - The California Commission on Disability Access at www.cdda.ca.gov.</p>	No. of Employees		Business License Tax 1.	\$	Processing Fee (If renewed online this fee is \$10.00) 2.	\$ 25.00	Penalty, If any 3.	\$	State CAsp Fee 4.	\$ 1.00	Business Improvement Area Charge 5.	\$	Previous Balance 6.	\$	TOTAL AMOUNT DUE 7.	\$
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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
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RETURN ENTIRE FORM IN ENCLOSED ENVELOPE WITH CHECK PAYABLE TO THE CITY OF ALAMEDA