



SCOTTS VALLEY BUSINESS LICENSE APPLICATION

City of Scotts Valley

Finance Department
1 Civic Center Drive
Scotts Valley, CA 95066
831-440-5611 / FAX 831-438-2793

Date Rec'd: _____
Rec'd By: _____
Rct #: _____
Amt Paid _____

THIS LICENSE IS DUE AND PAYABLE JULY 1 OF EACH YEAR

SOLELY FOR THE BENEFIT AND FOR THE INFORMATION OF THE APPLICANT A DELAY OF TWENTY WORKING DAYS SHALL OCCUR BETWEEN THE DATE OF APPLICATION AND ISSUANCE OF THE LICENSE FOR A NEW BUSINESS TO DETERMINE IF THE OPERATION OF THE BUSINESS IS ALLOWED WITHIN THE ZONING DISTRICT IN WHICH IT IS TO OPERATE. It is illegal to do business within the City Limits of Scotts Valley without a license. It is necessary to pay only for those employees who actually work in the City. APPLICATION AND ALL ATTACHED PAGES MUST BE COMPLETED. Application is subject to approval.

WARNING NOTICE

THE ISSUANCE OF A BUSINESS LICENSE DOES NOT ASSURE THAT THE BUSINESS CAN BE LEGALLY CONDUCTED WITHIN THE CITY. PRIOR TO APPLYING AND PAYING THE REQUIRED FEES, THE APPLICANT IS OBLIGATED TO ASSURE THAT THE OPERATION OF THE BUSINESS COMPLIES WITH ALL APPLICABLE FEDERAL, STATE AND LOCAL LAWS, INCLUDING BUT NOT LIMITED TO ZONING, BUILDING AND FIRE CODES. IF, FOLLOWING PAYMENT OF THE BUSINESS LICENSE FEE, IT IS DETERMINED BY CITY THAT APPLICABLE LAWS, RULES OR REGULATIONS PROHIBIT OPERATION OF THE BUSINESS IN THE AREA OF MANNER PROPOSED, THE FEE **SHALL NOT** BE REFUNDED. Initial: _____ Date: _____

BUSINESS INFORMATION

Business Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Mailing Address: _____
Telephone: () _____
Email: _____
Website: _____

OWNER INFORMATION

Owner Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: () _____
Email: _____
Drives License No. _____
Legal Status: (Check one) Alarm System:
 Sole Proprietor Yes No
 Partnership Firearm Sales:
 Corporation Yes No

NATURE OF BUSINESS:

If your business requires a State License or Permit, you are required to complete the following pursuant to Ch. 9 Civ. 3 Sec. 7000 of the Business and Professional Code of the State of California.

License Type: _____ License No. _____ Health Permit No. _____ E-Mail Address: _____
Fictitious Name /Corp. No. _____ State Board of Equalization No. _____ Soc.Sec./FEIN _____

NON-REFUNDABLE APPLICATION FEE: \$45.00 FEE SCHEDULE - SVMC Section 5.04.390 BASE FEE: \$50.00 (+ \$1.00 Per SB 1186, Effective 1-1-13*) OWNER/MANAGER OF BUSINESS (This is for one person, include additional owners/managers who work for the business in box below)	
<u>PLUS</u> Average number of full-time equivalent employees working in the City @ \$40.00 each.	
TOTAL DUE AND PAYABLE WITH THIS APPLICATION	

A PENALTY OF 10% PER MONTH IS DUE IF FEE IS NOT PAID BY JULY 31, OR COMMENCEMENT DATE OF BUSINESS.

It is the owner's responsibility to maintain a current license. The undersigned owner, principal officer of the corporation, or duly authorized represented of the applicant, under penalty of perjury, hereby certifies that he/she has read this application and fully understands the Limitations set forth therein and further certifies that the above statements and representations made by him/her are true and correct.

Signature: _____ Title: _____ Date: _____

* On September 19, 2012, Governor Brown signed into law SBI 186, which adds a state fee of \$1 on any application for a local business license or similar instrument or permit, or renewal thereof starting on January 1, 2013. 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.

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 a www.cdda.ca.gov

DEPARTMENT NOTIFICATION OF BUSINESS LICENSE

The firm whose name appears on the Application has applied for a City Business License. This must be reviewed by certain or all of the departments listed below. Please make your comments and return to the Business License Department as soon as possible. No license will be issued until all necessary approvals are received.

Please initial and date your review/approval/rejection, below.

DEPARTMENT	DATE	APPROVAL	REJECTION - REASON
PLANNING			
BUILDING			
POLICE			
FIRE			
WASTEWATER			
ENGINEERING			
OTHER			

Bus. # _____ Class# _____ Sic# _____