



CITY OF BELVEDERE

450 San Rafael Avenue - Belvedere, CA 94920
Tel: (415) 435-3838 - Fax: (415) 435-0430
www.cityofbelvedere.org

BUSINESS LICENSE APPLICATION

PLEASE PRINT CLEARLY AND COMPLETE BOTH SIDES
OF APPLICATION

FOR STAFF USE ONLY

Date: _____	Rec. By: _____
Amount: \$160.00	Receipt #: _____
Workers' Compensation Insurance:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction? Yes <input type="checkbox"/>	SIC/NAIC Code _____
Business License No. _____	

Name of Business _____ Resale No. _____

Other Business Names (Also Known As) _____ Federal ID No. _____

Business Location _____ State ID No. _____

(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)

City/State/Zip _____ Contractor State Lic. No. _____

Mailing Address _____ Contractor State Lic. Type _____

City/State/Zip _____ Email Address _____

Phone No. _____ Fax No. _____

Description of Business _____

Type of Business Organization Individual Partnership/LLP LLC Corporation
(Please check one)

IF THIS IS A PARTNERSHIP OR CORPORATION, PLEASE ATTACH A COMPLETE LIST OF ALL
NAMES, TITLES, WITH ADDRESSES AND PHONE NUMBERS OF CORPORATE MEMBERS.

Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary)

1st Owner Name _____ Phone _____

Address _____
(Cannot be P.O. Box)

2nd Owner Name _____ Phone _____

Address _____
(Cannot be P.O. Box)

Enter below name of Emergency Contact:

Contact Name _____ Phone _____

WORKERS' COMPENSATION DECLARATION Warning: *failure to secure workers' compensation coverage is unlawful, and shall subject an employer to criminal penalties and civil fines up to \$100,000, in addition to the cost of compensation, damages as provided for in Section 3706 of the Labor Code, interest and attorney's fees.*

I HEREBY AFFIRM, UNDER PENALTY OF PERJURY, ONE OF THE FOLLOWING DECLARATIONS: *(check the appropriate box)*

I have and will maintain workers' compensation insurance, as required by Section 3700, for the duration of any business activities conducted for which this license is issued.

My Workers' Compensation Insurance carrier and policy number are:

Carrier: _____ Policy Number: _____ Expires: _____

I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided by Section 3700, for the duration of any business activities conducted for which this license is issued.

I certify that in the performance of any business activities for which this license is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that if I should become subject to workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with the provisions of Section 3700.

Is this a Home-Based Business? (for businesses based in Belvedere only) YES NO

If yes, you agree to abide by the conditions set forth under **Belvedere Municipal Code §19.24-19.40.**

Belvedere Municipal code §19.24.010 D states that, "the office of any profession in any dwelling when used solely by a resident in such dwelling is permitted, provided that such office is not regularly or customarily used for treatment of patients or interviews with clients or customers, and no person who is not resident in such dwelling by employed in such office."

A Business License is issued as receipt for payment of fees and does not automatically sanction establishment of a business within the community. Any business, regardless of whether or not a business license is issued, is subject to law or ordinances covering such matters as zoning, building, health, and fire protection. Please also note that compliance with the requirements of this ordinance does not void or abrogate such other requirements, which affect the establishment and/or conduct of business activities within the City of Belvedere.

I hereby certify under penalty of perjury that the information provided in this application is true and I am in compliance with all applicable state and county ordinances governing my business.

X

Signature of Owner or Principal

Date

Print Name

Title



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BUSINESS LICENSE TAX - GENERAL INFORMATION

A business license tax is imposed on all persons doing business within Belvedere city limits. This tax is imposed solely to raise revenue for municipal purposes and is not intended for regulation.

FEES: The business license tax is \$160.00 for a calendar year (January through December). There are no pro-rated amounts for the business license tax; however, there is a partial refund of the business license tax for those businesses that meet certain criteria (please see description under "REFUNDS" for more information).

PAYMENT DUE DATES: The business license tax is due January 1 of each year, unless specified otherwise by the Business License Administrator.

PENALTIES: Failure to pay the business license tax by the due date will result in a penalty of \$160.00 in addition to the standard business license fees. The same penalty applies to those businesses that began work in Belvedere without a current business license.

RENEWAL NOTICES: Renewal notices are sent no later than December 15 of each year to all businesses or merchants *currently* licensed with the City of Belvedere.

REFUNDS: Businesses that make less than \$32,000.00 in Belvedere for the calendar year, are entitled to a partial refund of the business license tax. Refund forms are mailed out along with the renewal notices and require documentation of the year's revenue. The due date for refund applications is February 1 of each year. ***(Please note that applications that are sent in to us prior to January 1 will be returned).***

WORKERS' COMPENSATION: Businesses are required to provide proof of Workers' Compensation Insurance at the time of application for a business license. We will no longer keep a Certificate of Workers' Compensation on file **(please ask your insurance carrier to remove our city from the mass mailing list).**

If your business is exempt from Workers' Compensation, simply check the appropriate box on the Workers' Compensation Declaration Form.

PLEASE NOTE: The information listed above is only a brief summary of Belvedere Municipal Code Section 5.04 regarding business license tax. Please call the Business License Administrator at (415) 435-3838, with any specific questions related to the business license tax.