

Campbell Finance Department
70 North First Street
Campbell, CA 95008
(408) 866-2174

**CITY OF CAMPBELL
APPLICATION FOR BUSINESS LICENSE**

FOR OFFICE USE ONLY:

Business license no: _____

SIC/Class code: _____

1. **All questions on this form must be answered or designated not applicable (N/A), as appropriate.**
2. Additional information may be required pursuant to City of Campbell Title 5.
3. Applicants are required to declare, under penalty of perjury, that the statements made herein are true.
4. In order to comply with requirements of the State Controller's Office under Revenue & Tax Code Sec 19286.8, business licenses cannot be issued without this information.
5. Sales or use tax may apply to your business activities. You may seek written advice regarding the application of tax to your particular business by writing to the nearest State Board of Equalization office. For general information, please call the Board of Equalization at 1-800-400-7115.
6. Businesses must limit operations between the hours of **6 a.m. and 11 p.m.** unless a Conditional Use permit is obtained through the City for extended hours of operation. Excludes home based businesses. Hours of operation for all businesses must not be in conflict with other City regulations.

PLEASE TYPE OR PRINT ALL INFORMATION

1. **BUSINESS NAME:** _____

(Limited to 35 spaces)

2. **BUSINESS ADDRESS:** _____

(Address, do not use a P O Box or private mail box addresses) (City) (State) (Zip)

3. **MAILING ADDRESS:** _____

(If different from above) (Number) (Street) (Suite/Apt #) (City) (State) (Zip)

4. **BUSINESS TELEPHONE NUMBER:** () _____ 5. **DRIVER'S LICENSE #:** _____

6. **FED EMPLOYER ID #:** _____ 7. **SOCIAL SECURITY #:** _____

8. **STATE EMPLOYER ID #:** _____ 9. **RETAIL SALES TAX #** _____

10. **OWNER'S NAME:** _____ 11. **OWNER'S PHONE NO:** () _____

(Limited to 35 characters)

12. **OWNER'S HOME ADDRESS:** _____

(Number) (Street) (Apt #) (City) (State) (Zip)

13. **TYPE OF OWNERSHIP (Check one):** Sole Proprietorship Partnership Corporation Trust LLC

14. **Is your business engaged in a licensed healthcare activity and/or a licensed healthcare provider as defined by the California Department of Consumer Affairs?** YES NO

15. **TYPE OF BUSINESS (Be Specific):** _____

15. **Fill in as appropriate:**

Commercial Check one: Retail Wholesale # Of Employees (Include Owners): _____

Do you sell Tobacco products? YES NO **If yes, a separate form must be filled out for a Tobacco Retailers**

CAMTC CERT # _____ **Permit and you must bring a copy of your State Tobacco license.**

Professional # of Employees (Include Owners): _____

Mfg/Industrial # of Employees (Include Owners): _____ Product(s): _____

Vending Machines Amusement Devices # of Machines/Devices: _____

Apartments Trailer Courts Hotels Mobile Home Parks Retirement Inns Number of Units: _____

Taxicabs/Limousines Number of Vehicles: _____

Exempt from Fee - Nonprofit Day Care Number of Children: _____

16. **HOURS OF OPERATION:** _____ 17. **PARCEL #:** _____

(Community Development Dept only)

18. **CONTRACTOR STATE LICENSE NUMBER:** _____ **Class:** _____ **Expiration date:** _____ **Verified** _____

DECLARATION

I DECLARE UNDER PENALTY OF PERJURY that the foregoing is true and correct and if called as a witness I could competently testify to the facts contained herein. Executed this _____ day of _____, 20____, in the Town/City of _____, County of _____, State of _____.

SIGNED: _____ **TITLE:** _____

FOR OFFICE USE ONLY: Receipt # _____

State ADA Fee: \$4.00 **PLANNING BUSINESS LICENSE ZONE CLEARANCE FEE: \$67.00**

Amt Paid: Business Lic. Tax: _____ **Rental Dispute Fee:** _____ **Date Paid:** _____

CITY OF CAMPBELL SCHEDULE OF BUSINESS LICENSE TAXES
EFFECTIVE JULY 1, 2020

A \$4.00 State ADA is included in the fees listed below.

Please note: there is an additional \$67 zoning clearance fee in addition to the business license fee.

<u>BUSINESS CLASSIFICATION*</u>	<u>TAX</u>
Retail Tobacco Permit	\$61.00
Out of Town	103.00
Industrial	
1 to 5 Employees	128.00
6 to 50 Employees	202.00
51 or more Employees	346.00
Commercial	
1 to 5 Employees	128.00
6 to 15 Employees	202.00
16 to 50 Employees	289.00
51 or more Employees	576.00
Professional	
1 to 3 Employees	128.00
4 to 10 Employees	232.00
11 to 50 Employees	404.00
51 or more Employees	576.00
Pool Rooms	232.00
Massage Establishment	
1 to 3 Employees	128.00
4 or more	232.00
Massage Therapist	128.00
Solicitors -Pawnbrokers -Private Patrol - Live Entertainment -Wine Festivals	346.00
Occult Science	346.00
Hypnotist	461.00
Animal Hospitals	Same as Professional
Kennels / Groomers	Same as Commercial
Veterinarians	Same as Professional
Apartments (First Unit)	71.00
(Each additional Unit)	3.00
Rental Dispute Fee (Each Unit)	11.00
Trailer Courts (First Unit)	232.00
(Each additional Unit)	2.00
Hotels	175.00
(Each Room)	3.00
Mobile Home Parks	232.00
(Each additional Unit)	2.00
Theaters	461.00
Taxicabs - Limousines	128.00
(Each Cab/ Limo)	21.00
Tow Services	61.00
Scavenger Companies	Same as Industrial
Non-profit Organizations	Exempt from Fee
Amusement Devices - Vending Machines	By Number of Machines
1 - 5	103.00
6 - 10	202.00
11 - 50	346.00
51 or more	576.00

* If your business classification is not listed, please contact the Finance Department at 866-2174 for the appropriate fee.