



BUSINESS LICENSE APPLICATION

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. State mandated notices that may affect your business may be reviewed at statebusinessnotices.hdlgov.com.
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.

Business Information

Business Name _____

Business Address _____ Mailing Address _____
 (Cannot be a PO Box)

Business Phone _____ Email _____

Federal Tax ID/SSN _____ State Employer ID _____

Type of Business _____

of Employees, including owner(s) _____

Business Owner Information

Owner's Name _____ Home Address _____

Phone Number _____

Type of Ownership: Sole Proprietorship Partnership Corporation Trust LLC

Additional Questions – fill in as appropriate:

Commercial Check one: Retail Wholesale Professional Mfg/Industrial Product(s) _____ Vending Machines # of Machines _____ Amusement Devices # of Devices _____	Apartments # of units _____ Trailer Courts # of units _____ Hotels # of units _____ Mobile Home Parks # of units _____ Retirement Inns # of units _____	Taxicabs/Limousines # of Vehicles _____ Exempt from Fee – Nonprofit Day Care # of Children _____
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I declare under penalty of perjury that the foregoing is true and correct and if called a witness I could competently testify to the facts contained herein. Executed this _____ day of _____, 20____, in the City of Campbell, County of Santa Clara.

SIGNED: _____ TITLE: _____

FOR OFFICE USE ONLY:
 State ADA Fee - \$4.00 Planning Business License Zone Clearance Fee - \$82/\$253 Parcel # _____
 Amount Paid: Business License Tax _____ Rental Dispute Fee _____ Receipt # _____ Date Paid _____



Additional Questions - All fields must be completed. Put N/A if the question does not apply.

Type of Ownership

Number of Employees

Are you currently operating this business at the provided address?

What are your hours of operation? _____ to _____

Note: Operational hours include hours your business is open to customers **AND** when employees are working on-site. Hours between 11pm to 6a.m requires are considered as "late-night hours" and requires a Conditional Use Permit.

Do you sell tobacco products?

If yes, a separate form must be filled out for a Tobacco Retailers Permit and you must bring a copy of your State Tobacco License.

Do you sell alcohol?

Are you a used-car dealer?

Are you an Adult-Oriented business?

Does the business involve the production of cannabis?

Is this business engaged in a licensed healthcare activity and/or a licensed healthcare provider as defined by the California Department of Consumer Affairs?

California Massage Therapy Council (CAMTC) Certification

Contractor State License Number	Class	Expiration Date
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Has your business obtained an Industrial NPDES Permit?

If YES, please provide applicable information about the existing Industrial Stormwater NPDES Permit below. If NO, and it is determined that your business requires such a permit, you will need to start the process of obtaining a Stormwater Industrial General Permit by contacting the State Water Resources Control Board.

WDID#	WDID Application #	NONA ID#	NEC ID#
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Are there any other permits associated with this business (existing or proposed)? If YES, please list the permit(s) below:

Is this business undergoing ownership change at the provided business address?

Are you proposing any tenant improvements or remodeling? (Excluding painting & flooring)

Are you subdividing a tenant space?

How many stories is the building?

If the building has more than one (1) story, does the building have an elevator?

Do you have a land use/planning entitlement?

If YES, what is the file#

Are you storing Hazardous Materials?

What is the previous use/occupancy of the location?

Will the building or building interior change/alter from the existing condition

(Excluding painting & flooring)?

Does the business involve any of the following uses/conditions/materials?

What is the gross floor area of your tenant space (measured from exterior wall to exterior wall)?

Please provide details on the business model and describe the operations that will take place at this location.

For example, how much area is used as an office or for storage, manufacturing, etc.?

Provide the square footage allocated to each use (e.g. how much area is used for an office, storage, or manufacturing, etc.)

CITY OF CAMPBELL SCHEDULE OF BUSINESS LICENSE TAXES

EFFECTIVE JULY 3, 2025

*A \$4.00 State ADA Fee must be paid in addition to the business license tax and is included in fee below***

<u>BUSINESS CLASSIFICATION*</u>	<u>TAX</u>
Retail Tobacco Permit	\$ 64.00
Out of Town	\$ 109.00
Industrial	
1 to 5 Employees	\$ 135.00
6 to 50 Employees	\$ 214.00
51 or more Employees	\$ 367.00
Commercial	
1 to 5 Employees	\$ 135.00
6 to 15 Employees	\$ 214.00
16 to 50 Employees	\$ 306.00
51 or more Employees	\$ 610.00
Professional	
1 to 3 Employees	\$ 135.00
4 to 10 Employees	\$ 246.00
11 to 50 Employees	\$ 428.00
51 or more Employees	\$ 610.00
Apartments	
(First Unit)	\$ 74.00
(Each Additional Unit)	\$ 3.00
Rental Dispute Fee	\$ 11.00
(Each Unit)	
Hotels	\$ 184.00
(Each Room)	\$ 3.00
Kennels-Animal Hospitals-Groomers	Same as Professional
Marijuana Business	7% of gross receipts per Chapter 5.12
Massage Establishment	
1 to 3 Employees	\$ 135.00
4 or more Employees	\$ 246.00
Massage Therapist	\$ 135.00
Mobile Home Parks	\$ 246.00
(Each Additional Unit)	\$ 2.00
Non-profit Organizations-Family Day Care Homes	Exempt from fee
Scavenger Companies	Same as Industrial
	\$ 367.00
Solicitors-Pawnbrokers-Private Patrol-Live Entertainment-Wine Festivals	\$ 135.00
Taxicabs - Limousines	
(Each Cab/Limo)	\$ 21.00
	\$ 488.00
Theaters	\$ 64.00
Tow Services	\$ 246.00
(First Unit)	
Trailer Courts	\$ 2.00
(Each Additional Unit)	
	Same as Professional
Veterinarians	

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

**Added effective January 1, 2018.