

CITY OF DAVIS

**BUSINESS LICENSE APPLICATION PAYMENT EXEMPTION**

BUSINESS NAME: (Fictitious Name if Used) \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

Pursuant to Section 13-7 of Ordinance 872, the Business License Ordinance, I do hereby make application to the Finance director of the City of Davis for conditional exemption from the payment of business license tax for the following reasons, check and initialed:		
<input type="checkbox"/>	<input type="checkbox"/>	(a) I certify that we are a non-profit institution, corporation, organization or association organized and hereby apply for an exemption from payment of business license tax. This exemption shall not apply to promoters employed by non-profit institutions, corporations, organizations or associations.  NOTE: Verification of non-profit status must be submitted. Attach copies of letters from California State Franchise Tax Board (Section #23701D) and Internal Revenue Service (Section #501C3). <b>OR</b> I certify that we are a non-profit institution, corporation, organization or association organized and conducted for non-profit purposes only, having a charitable solicitation permit issued pursuant to Chapter 18 of the Code, when the receipts derived are to be wholly for the benefit of such organization and not in the whole or any part for private gain of any person. Such charitable solicitation permit shall substitute for the exempt business license, which would otherwise be required under this chapter. This exemption shall not apply to promoters employed by non-profit institutions, corporations, organizations or associations. <b>IF CHECKED, NO PAYMENT OR BUSINESS LICENSE IS REQUIRED.</b>
<input type="checkbox"/>	<input type="checkbox"/>	(a) I certify that we are a non-profit institution, corporation, organization or association organized and hereby apply for an exemption from payment of business license tax. This exemption shall not apply to promoters employed by non-profit institutions, corporations, organizations or associations.  NOTE: Verification of non-profit status must be submitted. Attach copies of letters from California State Franchise Tax Board (Section #23701D) and Internal Revenue Service (Section #501C3). <b>OR</b> I certify that we are a non-profit institution, corporation, organization or association organized and conducted for non-profit purposes only, having a charitable solicitation permit issued pursuant to Chapter 18 of the Code, when the receipts derived are to be wholly for the benefit of such organization and not in the whole or any part for private gain of any person. Such charitable solicitation permit shall substitute for the exempt business license, which would otherwise be required under this chapter. This exemption shall not apply to promoters employed by non-profit institutions, corporations, organizations or associations. <b>IF CHECKED, NO PAYMENT OR BUSINESS LICENSE IS REQUIRED.</b>
<input type="checkbox"/>	<input type="checkbox"/>	(b) I certify that I am an honorably-discharged or honorably-relieved military personnel of the United States who is physically unable to obtain a livelihood by manual labor; and who is a voter of this state; who is distributing circulars, or hawking, peddling, or vending any goods, wares or merchandise owned by such person, except spiritous, malt, vinous or other intoxicating liquor.
<input type="checkbox"/>	<input type="checkbox"/>	(c) I certify that I am a natural person over the age of sixty-five (65) or under eighteen (18) engaged in any part-time occupation, provided that the gross income of said natural person does not exceed ONE THOUSAND FIVE HUNDRED DOLLARS (\$1,500.00) per annum.
<input type="checkbox"/>	<input type="checkbox"/>	(d) I certify that I am a person commencing, transacting or carrying on a business in his/her home in a residential zone, not as a nonconforming use, or otherwise carrying on business in his/her home and whose annual gross receipts from such business are, or are anticipated to be, ONE THOUSAND FIVE HUNDRED DOLLARS (\$1,500.00) or less, for the period beginning _____ and ending _____. However, this provision will not apply if I advertise or solicit business in any manner except by personal oral recommendation and not including radio or loud speaker devices, or have any signs or symbols indicating that a business is being carried on, or of engaged in a business or profession requiring a fitness or qualifications license to be issued by the State or one of its agencies.
<input type="checkbox"/>	<input type="checkbox"/>	(e) Exemptions otherwise prescribed by law. Nothing in this ordinance shall be deemed or construed to apply to any person transacting and carrying on any business exempt by virtue of the constitutions or applicable statutes of the United States or the State of California from the payment of such taxes as are herein prescribed. Explanation of exemption:  _____
<input type="checkbox"/>	<input type="checkbox"/>	(f) I certify that I am the owner and resident of property located at _____, which is my primary residence and I will be vacating this residence for a period not exceeding fifteen consecutive months and will rent said residence for all or portion of this period. Date rented: _____ Approximate date of return: _____ NOTE: If this property is rented more than 15 months you will be billed retroactive for the prior year(s) business license plus you will be required to obtain a current year business license.
<input type="checkbox"/>	<input type="checkbox"/>	(g) I certify that I am a person engaged solely in the business of shoe shining.
PLEASE NOTE: All licenses expire on December 31st of each year. You will be requested to re-certify your exempt status at that time.		

CERTIFICATION: I declare under penalty of perjury that the foregoing is true and complete to the best of my knowledge and belief.

Signature of Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Attach this form to Business License Application form F-751-45 or F-754-45.