

CITY OF DAVIS
23 Russell Blvd, Suite 3
Davis, Ca 95616

MISCELLANEOUS BUSINESS LICENSE APPLICATION

TODAY'S DATE: _____ Bus Lic # _____ Control # _____

1. Primary Business Name (Fictitious Name if Used) _____
IF ADDITIONAL NAMES ARE USED WITH THIS BUSINESS, COMPLETE BRANCH FORM #F-754-45.00A.
2. Full description of Line 1 business activities: _____
ATTACH ADDITIONAL SHEET, IF NECESSARY, FOR FULL DISCLOSURE
3. Primary Business Address: _____
 City _____ State _____ Zip _____ Phone (____) _____
4. Mailing Address _____
 City _____ State _____ Zip _____ Phone (____) _____
5. Applicant's Name _____ Title _____ Phone (____) _____
6. Type of Business: Sole Proprietorship Partnership Corporation Fraternal Government Agency
7. Corporations, please indicate your fiscal year: from _____ to _____
8. Federal I.D Number (EIN) or Social Security Number: _____
9. State Resale Permit No.: _____
10. IF APPLICABLE: Health Permit # _____ Alcoholic Beverage Permit # _____
11. Estimate below the number of employees including owners who will be working in Davis:
PART-TIME EMPLOYEES including owners: _____ **FULL-TIME** EMPLOYEES including owners: _____
12. Business Opening Date: _____ or Estimated Opening Date: _____ Special Event Date _____

13. **Ownership and Identification:** Enter sole owner or partners or corporate officers, as applicable, and local manager, if any; record each owner/manager driver's license number for identification.

NAME AND TITLE	HOME ADDRESS, CITY & ZIP	HOME PHONE NUMBER	DRIVER'S LIC. NO.
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		()	
		()	

Line 13 will be used as proof of ownership and for emergency contact purposes.

Check Kind of Business:

4299	Transportation and Trucking - Owners have the option of computing their business tax under the Miscellaneous tax method or under the Gross Receipts tax method. Owners electing to pay their business tax under the Gross Receipts method will be required to keep a separate accounting for all business done in the City of Davis. If you have elected the <u>Gross Receipts method</u> , please use FORM 754-45 . If you have elected the <u>Miscellaneous Tax method</u> , compute your business license tax in the box to the right:	Registration Tax: \$ <u>10.00</u> No. of vehicles _____ x \$120.00 per yr. \$ _____ State Mandated Disability Access & Educations Revolving Fund \$ <u>1.00</u> Total Tax Due: \$ _____
7396	Public Dance Hall or Nightclub [any place where dancing is permitted.] GROUP II GROSS RECEIPTS TAX BRACKET FROM INFORMATION SHEET ATTACHED: _____ - _____ State Mandated Disability Access & Educations Revolving Fund:	Gross Receipts Tax from Table: \$ _____ Plus Registration Tax: \$ <u>10.00</u> or Miscellaneous Tax per year: \$ <u>200.00</u> Revolving Fund: \$ <u>1.00</u> Total Tax Due: \$ _____
7395	Card Rooms - Any public card room where games of any kind are played with cards. GROUP II GROSS RECEIPTS TAX BRACKET FROM INFORMATION SHEET ATTACHED: _____ - _____ Total Number of Tables: _____ State Mandated Disability Access and Educations Revolving Fund:	GROSS RECEIPTS TAX from table: \$ _____ Plus Registration Tax: \$ <u>10.00</u> or First Table Charge per year: \$ <u>600.00</u> Additional Tables: _____ x \$180.00 per year: \$ _____ Revolving Fund \$ <u>1.00</u> Total Tax Due: \$ _____
7339D	CIRCUS, CARNIVAL OR OTHER SIMILAR EXHIBITION Number of days _____ State Mandated Disability Access & Educations Revolving Fund:	x \$300.00 Per Day \$ _____ Plus Registration Tax \$ <u>10.00</u> Revolving Fund: \$ <u>1.00</u> Total Tax Due \$ _____
7219	LECTURE OR TRAVELING THEATRICAL PERFORMANCE Number of days _____ State Mandated Disability Access & Educations Revolving Fund:	x \$60.00 Per Day \$ _____ Plus Registration Tax \$ <u>10.00</u> Revolving Fund \$ <u>1.00</u> Total Tax Due \$ _____

7390	CONCESSION OR RIDES FOR CHILDREN OR ADULTS OTHER THAN CARNIVAL Number of ride devices: _____ State Mandated Disability Access & Educations Revolving Fund:	\$120.00 Per Device Plus Registration Tax Revolving Fund Total Tax Due	\$ _____ - \$ 10.00 - \$ 1.00 \$ _____
7391	BANKRUPT CLOSE-OUT SALES, ETC. Number of days over 30 _____ State Mandated Disability Access & Educations Revolving Fund:	First 30 Days: x \$30.00 Per Day Plus Registration Tax Revolving Fund Total Tax Due	\$ 120.00 \$ _____ \$ 10.00 \$ 1.00 \$ _____
5959G	CHRISTMAS TREES, GREENS, CARD SALES OR OTHER SEASONAL ITEMS Season Dates: From _____ To _____ State Mandated Disability Access & Educations Revolving Fund:	Per Year Season Plus Registration Tax Revolving Fund Total Tax Due	\$ 60.00 \$ 10.00 \$ 1.00 \$ 71.00
5938	JUNK DEALERS OR DEALERS IN OLD AND/OR USED ARTICLES State Mandated Disability Access & Educations Revolving Fund:	\$600.00 Per Year * Plus Registration Tax Revolving Fund Total Tax Due	\$ 600.00 \$ 10.00 \$ 1.00 \$ 611.00
5980	OCCASIONAL BAZAAR, CRAFTS FAIR, ETC. Number of days _____ State Mandated Disability Access & Educations Revolving Fund:	x \$30.00 Per Day Plus Registration Tax Revolving Fund Total Tax Due	\$ _____ \$ 10.00 \$ 1.00 \$ _____
5147 or 5147A 5991A or 5991B	PEDDLERS Number of peddlers of food products, produce or fresh-cut flowers _____ State Mandated Disability Access & Educations Revolving Fund:	x \$150.00 Per Year * OR x \$15.00 Per Day Plus Registration Tax Revolving Fund Total Tax Due	\$ _____ \$ _____ \$ 10.00 \$ 1.00 \$ _____
5418 or 5419	OTHER PEDDLERS AND SOLICITORS Number of peddlers/solicitors of all other products _____ State Mandated Disability Access & Educations Revolving Fund:	x \$450.00 Per Year * OR x \$30.00 Per Day Plus Registration Tax Revolving Fund Total Tax Due	\$ _____ \$ _____ \$ 10.00 \$ 1.00 \$ _____
	* PRORATION OF ANNUAL BUSINESS LICENSE TAX FOR NEW BUSINESSES: Total tax due, excluding registration tax, for year Prorating Tax: Date of application for license _____ Date from January 1 through March 31 Date from April 1 through June 30 Date from July 1 through September 30 Date from October 1 through December 31	Item I: 100% x item I + \$1.00 =Tax Due 75% x item I + \$1.00 =Tax Due 50% x item I + \$1.00 =Tax Due 25% x item I + \$1.00 =Tax Due	\$ _____ \$ _____ \$ _____ \$ _____

TOTAL MISCELLANEOUS TAX DUE: \$ _____

WORKERS' COMPENSATION DECLARATION WORKERS' COMPENSATION DECLARATION

N. I hereby affirm, under penalty of perjury, one of the following declarations:

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

— I have and will maintain workers' compensation insurance as required by Section 3700 of the California Labor Code 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: _____

— 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 the workers' compensation provisions of Section 3700 of the California Labor code, I shall forthwith comply with the provisions of Section 3700.

DATE: _____ Signature: _____

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, INTEREST, AND ATTORNEY'S FEES, AS PROVIDED FOR IN SECTION 3706 OF THE CALIFORNIA LABOR CODE.

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: _____