



**Business License Application/Renewal**

Year: \_\_\_\_\_

Account No. \_\_\_\_\_  
 Business Name \_\_\_\_\_  
 Business Phone \_\_\_\_\_  
 Business Description MFG/WHOLESALE/STUDIOS  
 Business Class Code C  
 Business Address \_\_\_\_\_  
 \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DECLARATION OF GROSS RECEIPTS FOR ANNUAL BUSINESS LICENSE**

**Classification C** Manufacturing - Wholesale - Studios, such as:  
 Manufacturing, wholesale, grocery, public utilities, commercial and job printing, newspapers, lumber and building supplies, repairs (auto, watch, shoes, etc.), laundry and dry cleaning, janitorial and security services. Studios such as Art and Photography.

*Please write your gross receipts from the previous license year, in the below area, multiply by the indicated factor, then add any other applicable charges and write the total amount due in the area below.*

1. Gross Receipts up to \$1,000,000	\$ <input type="text"/>	X .0004	=	\$ <input type="text"/>
2. Gross Receipts \$1,000,001 to \$3,000,000	\$ <input type="text"/>	X .00025	=	\$ <input type="text"/>
3. Gross Receipts \$3,000,001 and over	\$ <input type="text"/>	X .00015	=	\$ <input type="text"/>

Plus Annual Registration Tax: \$100.00

SB1186 Fee: \$ 1.00

Plus Processing Fee: \$ 15.00

**Total Amount Due:** \$

***Payment is considered delinquent if not postmarked by January 31, and is subject to penalty charges.***

This is to acknowledge I am the owner of the business declared above. I am paying the current year license fee and have stated my gross receipts based on actual numbers reported to the IRS on revenue for the Prior year. I understand that if I submit false information, it is a violation of the city ordinance and will be held responsible to the fullest extent.

Owner's Name \_\_\_\_\_  
 (Please print)

Signature \_\_\_\_\_

Date \_\_\_\_\_

\* Please see declaration of information on the backside for explanation of the SB1186.



# City of Sausalito Declaration of Information

Please complete this form in its entirety as it applies to your business activity in the City of Sausalito. If you need any assistance completing this application, please contact a MuniServices Representative, Monday through Friday, 8:00am to 5:00pm Pacific Time at 800-987-0999

## Section I Variable Information

Business Name	Phone #	Fax #	
Business Address	City	State	Zip
Mailing Address (if Different)	City	State	Zip
E Mail Address (Optional)			
Owner Name	Phone #		
Owner Address	City	State	Zip
SSN/FEIN #	SEIN #		
State Resale License #	Contractor License #		
Start Date of Business (In Sausalito): _____			
Is this a New Business? <input type="checkbox"/> YES <input type="checkbox"/> NO		Home Based Business? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Number of Employees: _____			
Description of Business: _____			

## Section II SB1186 Information

Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:

- The Division of the State Architect at [www.dgs.ca.gov/dsa/Home.aspx](http://www.dgs.ca.gov/dsa/Home.aspx)
- The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov)
- The California Commission on Disability Access at [www.cceda.ca.gov](http://www.cceda.ca.gov)

## Section III Certifications

I certify under the penalty of perjury that the information in Section I is accurate and correct to the best of my knowledge and belief.

Signature of person authorized to sign for firm	Date	Phone Number
Title	FEIN or Social Security Number	