



**City of Sausalito, CA (9991)**  
**License Year 2011 Business License Renewal**  
Attn: Finance Department  
420 Litho Street  
Sausalito, CA 94965  
(866) 240-3665 • [bizlicensesupport@muniservices.com](mailto:bizlicensesupport@muniservices.com)

**Official Business License  
Application Enclosed**

**Account ID:**

Dear Sir or Madam:

Each person, firm, company, association, agency, corporation or other legal entity engaged in business within the City of Sausalito, CA shall obtain and pay for a business license.

As a courtesy, we have enclosed an application to renew your City of Sausalito business license. If applicable, your application is based upon the previous year's license issued. If there are any additions, subtractions, or discrepancies regarding the schedules noted or amount due, please see a full listing at [www.ci.sausalito.ca.us](http://www.ci.sausalito.ca.us) or call the Business License Department at (866) 240-3665.

If your fee is based upon the amount of capital invested or value of goods, stocks, furniture and fixtures or amount of sales or receipts as required for disclosure in order to obtain a business license, you must calculate and pay the additional license fee. Your application will not be accepted if you fail to do so and may result in additional penalties.

**Online filing is now available to businesses that need to renew their 2011 City of Sausalito, CA business license.  
Simply visit [www.bizlicenseonline.com](http://www.bizlicenseonline.com) to get started today!**

**Remit Payment:** Make your check payable to "City of Sausalito" and mail to:  
City of Sausalito  
Attn: Finance Department  
420 Litho Street  
Sausalito, CA 94965

**Definition of Gross Receipts:** "Gross Receipts" means the total amount of the sale price of all sales and the total amount charged or received for the performance of any act, service or employment of whatever nature it may be for which a charge is made or credit allowed, whether or not such act, service or employment is done as a part of or in connection with the sale of materials, goods, wares, or merchandise. Included in gross receipts shall be all receipts, cash, credits and property of any kind or nature, and any amount for which credit is allowed by the seller to the purchaser without any deduction therefrom an account of the cost of the property sold, the cost of the materials used, labor or service costs, interest paid or payable, or losses or other expenses whatsoever. Excluded from gross receipts shall be cash discounts allowed and taken on sales, any tax required by law to be included in or added to the purchase price and collected from the consumer or purchaser, and such part of the sale price of the property returned by purchasers upon rescission of the contract of sale as is refunded either in cash or by credit. **Only the gross receipts derived within the City of Sausalito should be reported for the purchasing of your City of Sausalito business license. If your municipality's business license fee is based on gross receipts, you must report those gross receipts in order to obtain your business license.**

**Proof of Certification Requirements:** **Specific license types require proof of certification and/or pre-approval by the City. Proof of certification or approval may include, but not be limited to Occupational Permits authorized by the City of Sausalito Community Development Office or Resale Permits.** For questions regarding certification requirements, please refer to Sausalito, CA Code of Ordinances, Title 5 – Business Taxes, Licenses and Regulations. You may also contact the Business License Department for additional information.

**Outstanding Balances / Credit Amounts:** If your current City of Sausalito Business License account reflects an outstanding balance due from a previous year(s), the amount will be reflected on your business license renewal application. Failure to satisfy the outstanding balance on your account could delay the issuance of your current year license. In addition, if your current City of Sausalito Business License account reflects a credit amount, the amount will be reflected on your business license renewal application. This amount may be subtracted from the total amount due for your current year renewal. If you have any questions regarding outstanding balances or credit amounts, please contact the Business License Department.

**Business closed or no longer doing business?** If your business has been closed or if you are no longer doing business in the municipality, please check the "business closed" box located on the application and fax to the attention of the Business License Department at (205) 423-4099. You may also email Business License Support at [bizlicensesupport@muniservices.com](mailto:bizlicensesupport@muniservices.com).

**Questions?** Our Business License Department is ready to assist you with all questions regarding the purchase of your City of Sausalito Business License or online filing. Contact us at (866) 240-3665, or email your questions to [bizlicensesupport@muniservices.com](mailto:bizlicensesupport@muniservices.com).

**Business License Online Filing Now Available at [www.bizlicenseonline.com](http://www.bizlicenseonline.com)!  
It's Voluntary – Free – Easy to Use – Step by Step**

City of Sausalito Business License  
 Finance Department  
 420 Litho Street  
 Sausalito, CA 94965  
 Phone: (866) 240-3665  
 Support Email: [bizlicensesupport@muniservices.com](mailto:bizlicensesupport@muniservices.com)



### Business License Application / Renewal • License Year 2011

**New for 2011 -- Renew your business license online at [www.bizlicenseonline.com](http://www.bizlicenseonline.com)!**  
**Payment is considered delinquent if not postmarked by January 31, and is subject to penalty charges.**

Account #:  
 Business Name:  
 Business Phone:  
 Business Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

#### DECLARATION OF GROSS RECEIPTS FOR ANNUAL BUSINESS LICENSE RESTAURANTS – COFFEE SHOPS – DELICATESSENS – FOOD SERVICE – TAKE-OUT SERVICES

*Instructions: Your business license fee is derived from annual gross receipts on Food Service **AND** Take Out. Please complete both Section 1 and Section 2 of the below form. You must also complete the Declaration of Information form on the back of this application.*

<b>Line</b>	<b>Section 1: Class B – Restaurants - Food Service – License Schedule #: 2.03</b> <i>(Note: If the gross receipts are over \$500,000, enter \$500,000 on line 1 and then enter the difference over \$500,000 on line 2 to calculate your total tax due.)</i>						
a	1. Gross Receipts up to \$ 500,000	\$	x	0.00113	=	\$	
b	2. Gross Receipts over \$500,000	\$	x	0.00075	=	\$	
c	Sub Total Due for Section 1: <i>(Sum of lines "a" and "b". Continue to Section 2. Write total due from this section on Line "e" below.)</i>						\$
<b>Line</b>	<b>Section 2: Class D – Take Out Food Establishments - License Schedule #: 4.0</b> <i>(Note: Take-out food sales are defined as sales of food and/or beverages prepared or served on the premises primarily for consumption off the premises. Take-out food sales shall not include sales of food and/or beverages where the manner of service or packaging or the condition of the food or beverage does not indicate that it is sold primarily for immediate consumption.)</i>  <i>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.)</i>						
d	Total Gross Receipts <i>(See Municipal Code for Definition of Gross Receipts for Take-Out.)</i>	\$	x	0.0525	=	\$	
e	<b>Plus (+) Sub Total from Section 1 (line c):</b>						\$
f	<b>Plus (+) Annual Registration Tax:</b> <i>(Internal Schedule # 20.00)</i>						\$ 100.00
g	<b>Plus (+) Processing Fee:</b>						\$ 15.00
h	<b>Plus (+) Applicable Penalties</b> <i>(If paid on or after February 1<sup>st</sup>, add 10% per month; max 60%, of taxes.)</i>						\$
i	<b>Plus (+) Outstanding Amount Due</b> <i>(From previous account balance)</i> <i>Failure to pay an outstanding balance on your account will delay the issuance of your license.</i>						\$
j	<b>Subtract (-) Credit Amount</b> <i>(If available for use)</i>						\$
<b>Total Amount Due:</b> <i>(Total of lines d through j)</i>						\$	
<b>Make Checks Payable To: City of Sausalito</b>							

This is to acknowledge I am the owner of the business declared above. I am paying the current year license fee. 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 \_\_\_\_\_ Owner's Signature \_\_\_\_\_  
 Date \_\_\_\_\_ Phone Number \_\_\_\_\_

**Returned Check Disclaimer:** Effective July 1, 2010, each returned item received by MuniServices due to insufficient funds will be electronically represented to the presenters' bank no more than two times in an effort to obtain payment. MuniServices is not responsible for any additional bank fees that will accrue due to the resubmission of the returned item. Please see the full returned check policy at [www.revds.com/taxpayer/return-check-disclaimer](http://www.revds.com/taxpayer/return-check-disclaimer).



# City of Sausalito Declaration of Information Form

**Remittance Address:**

Attn: Finance Department  
420 Litho Street  
Sausalito, CA 94965

**Business License Support:**

Phone (866) 240-3665

Email: [bizlicensesupport@muniservices.com](mailto:bizlicensesupport@muniservices.com)

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 Business License Support at (866) 240-3665.

**Form of Ownership (Check One):**  Sole Prop  Corp  LLC  Partnership  Professional Assoc  Other \_\_\_\_\_

**Acct #** \_\_\_\_\_ **Date Business Activity Initiated/Proposed:** \_\_\_\_\_ **# of Employees:** \_\_\_\_\_

**Legal Business Name:** \_\_\_\_\_ **FEIN/Social Security #** \_\_\_\_\_

**Trade Name / DBA:** \_\_\_\_\_ **Is this a Home-Based Business?** YES NO  
(If different from legal name) (Circle One)

**Business Type: (Check applicable box)**  
 Retail  Wholesale  Bldg Contractor  Service  Professional  Manufacturer  Rental  Other \_\_\_\_\_

**Describe the business you are conducting** \_\_\_\_\_

**State Resale License #** \_\_\_\_\_ **Contractor License #** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Physical Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
(Business) (Home) (Cell) (Fax)

**Name/Phone # for Contact Person:** \_\_\_\_\_ ( ) \_\_\_\_\_ **Title:** \_\_\_\_\_

**List Names of Owner(s), Partner(s) or Officer(s) (Attach Separate Sheets if Necessary)**

Name Residence Address SSN Title

### License Information

Please complete the following information table for the applicable tax years. (For statistical purposes only)  
Information Period runs from January 1<sup>st</sup> through December 31<sup>st</sup> annually.

Year	Gross Receipts	Total Square Feet of Property Used for Business
2007		
2008		
2009		
2010		

I certify under the penalty of perjury that the information provided on this Declaration of Information is accurate and correct to the best of my knowledge and belief.

**Authorized Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **FEIN:** \_\_\_\_\_