



212 South Vanderhurst Avenue
King City, CA 93930
(831) 385-3281 • Fax (831) 385-6887

BUSINESS TAX CERTIFICATE APPLICATION

Please Check One

- New Application
- Change of Owner
- Change of Address
- Change of Business Name
- Home Occupation

Business Name _____ Business Location _____ <small>(Not P.O. Box) (Suite No.)</small> City _____ State _____ Zip _____ Mailing Address _____ <small>(if Different)</small> City _____ State _____ Zip _____ Bus. Phone _____ Bus. Fax _____ Email Address _____ SIC Code _____ Rate Type _____ Business Type _____ State Lic. No. _____ Resale No. _____ License Type _____ Federal ID No. _____ Expiration Date _____ State ID No. _____	OFFICIAL USE ONLY BUSINESS LICENSE NO. _____ ACCOUNT NO. _____ EXPIRATION DATE _____ LICENSE FEE \$ _____ DATE PAID _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Charge CHECK/CARD NO. _____ License Reviewed & Approved By: Bus. Lic. Dept. _____ / _____ Zoning Dept. _____ / _____ Fire Dept. _____ / _____ Health Dept. _____ / _____ Police Dept. _____ / _____
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Start Date:	Description of Business
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ENTER BELOW NAMES OF OWNERS, PARTNERS, OR CORPORATE OFFICERS - USE ADDITIONAL SHEETS AS NECESSARY

Ownership Corporation Limited Liability Corp. Partnership Ltd Partnership Sole Proprietor Trust Non Profit

Owner Name _____ Title _____ Phone () _____
 Home Address _____ City _____ State _____ Zip _____
 Social Security No. _____ Driver Lic. No. _____ Cell Phone () _____

Owner Name _____ Title _____ Phone () _____
 Home Address _____ City _____ State _____ Zip _____
 Social Security No. _____ Driver Lic. No. _____ Cell Phone () _____

ENTER BELOW EMERGENCY CONTACT INFORMATION

Name _____ Phone () _____
 Address _____ Cell Phone () _____

ENTER BELOW ALARM COMPANY INFORMATION (IF APPLICABLE)

Name _____ Title _____ Phone () _____
 Address _____

BUSINESS CLASSIFICATION - Please check one and enter the number of employees, professionals, brokers, units, rooms, rental spaces, machines (all that apply), amount of estimated gross receipts and fee in boxes below:

<input type="checkbox"/> Sec. 5.24.020 Retail Sales <input type="checkbox"/> Sec. 5.24.030 Manufacturing - Process <input type="checkbox"/> Sec. 5.24.040 Businesses-Professions Enumerated <input type="checkbox"/> Sec. 5.24.050 Real Estate Brokers-Agents <input type="checkbox"/> Sec. 5.24.060 Outdoor Advertising <input type="checkbox"/> Sec. 5.24.070 Advertising on Vehicle <input type="checkbox"/> Sec. 5.24.080 Cards-Dancing Devices <input type="checkbox"/> Sec. 5.24.090 Circus-Menageries-Tent Shows-Theatricals <input type="checkbox"/> Sec. 5.24.095 Swap Meet-Flea Market <input type="checkbox"/> Sec. 5.24.100 Auction Sales-Auctioneer-Auction House <input type="checkbox"/> Sec. 5.24.110 Automobile-Truck-Greens or Card Sales <input type="checkbox"/> Sec. 5.24.120 Bankrupt Sales-Fire Sales-Fees <input type="checkbox"/> Sec. 5.24.130 Contractors <input type="checkbox"/> Sec. 5.24.140 Christmas Trees-Greens or Card Sales <input type="checkbox"/> Sec. 5.24.150 Hospital-Sanitarium-Resl Home-Nursing Home <input type="checkbox"/> Sec. 5.24.160 Hotels-Motels Apartments-Rooming Houses <input type="checkbox"/> Sec. 5.24.170 House Trailer-Mobile Home Park <input type="checkbox"/> Sec. 5.24.180 Junk Dealers-Secondhand Dealers <input type="checkbox"/> Sec. 5.24.190 Pawnbrokers <input type="checkbox"/> Sec. 5.24.200 Public Utilities <input type="checkbox"/> Sec. 5.24.210 Taxicabs <input type="checkbox"/> Sec. 5.24.220 Transportation and Trucking Service <input type="checkbox"/> Sec. 5.24.230 Vending Machines <input type="checkbox"/> Sec. 5.24.240 Vending Machines-Exclusive Business <input type="checkbox"/> Sec. 5.24.250 Itinerant Vendor License	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>No. of Employees</td> <td><input style="width: 40px;" type="text"/></td> </tr> <tr> <td>No. of Professionals or Brokers</td> <td><input style="width: 40px;" type="text"/></td> </tr> <tr> <td>No. of Units/Rooms or Rental Spaces</td> <td><input style="width: 40px;" type="text"/></td> </tr> <tr> <td>No. of Machines</td> <td><input style="width: 40px;" type="text"/></td> </tr> </table>	No. of Employees	<input style="width: 40px;" type="text"/>	No. of Professionals or Brokers	<input style="width: 40px;" type="text"/>	No. of Units/Rooms or Rental Spaces	<input style="width: 40px;" type="text"/>	No. of Machines	<input style="width: 40px;" type="text"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>ESTIMATED GROSS RECEIPTS</td> <td>\$ <input style="width: 100px;" type="text"/></td> </tr> <tr> <td>State CASp Fee</td> <td>\$ 1.00</td> </tr> <tr> <td>TOTAL FEES</td> <td>\$ <input style="width: 100px;" type="text"/></td> </tr> </table> <p style="text-align: center; font-style: italic;">Thank you for doing business in the City of King City!</p> <p><small>NOTICE: 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 - The Department of Rehabilitation at www.rehab.cahtwnet.gov - The California Commission on Disability Access at www.cdda.ca.gov.</small></p> <p><small>NOTE: 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.</small></p> <p>I declare, under penalty of perjury, that to the best of my knowledge the information contained above is true and correct.</p> <p>Signature: _____ Title: _____ Date: _____</p> <p style="text-align: center;">Return Entire Application to Address Above Make check payable to CITY OF KING</p>	ESTIMATED GROSS RECEIPTS	\$ <input style="width: 100px;" type="text"/>	State CASp Fee	\$ 1.00	TOTAL FEES	\$ <input style="width: 100px;" type="text"/>
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BUSINESS LICENSE FEE SUMMARY

212 South Vanderhurst Avenue, King City, CA 93930 • (831) 385-3281 • FAX (831) 385-6887

Municipal Codes	Business License Types	License Fees
.24.010	Maximum	\$675
5.24.020	Retail Sales	\$75 (including owner/manager) + \$15 each next 5 employees + \$10 ea next 5 employees+\$8 each employee over 11
5.24.030	Manufacturing Processing & Wholesaling	Same as Retail
5.24.040	Businesses-Professions	\$94 1st professional+\$63 each add'l professional+\$13 each employee
5.24.050	Real Estate Brokers-Agents	\$94 1st broker+\$63 each add'l broker+\$11 each agent+\$13 each employee
5.24.060	Outdoor Advertising	\$125 per year
5.24.070	Advertising on Vehicles	\$13 per day or \$75-per-year
5.24.080	Card Tables	\$219 1st table + \$94 2nd table + \$63 each additional table
	Amusement Game	\$94 per unit
	Pool Hall/Billiard Parlor	\$31 per table
	Skating Rink (ice or roller)	\$125 per year
	Juke Boxes, Music Playing	\$44 per machine
	Shooting Gallery	\$125 per year
	Public Dance Hall/Night Club	\$13 per day or \$125 per year
5.24.090	Bowling Alley	\$94 1st lane + \$6 each additional lane
	Circus-Menageries-Tent Shows	\$250 1st day + \$125 each additional day
	Circus Parade (w/o circus license)	\$250
	Lecture, Theatrical Performance in a Tent	\$63 1st day + \$13 each additional day
	Lecture, Theatrical Performance in a Hall	\$13 each day
	Golf Course or Miniature Golf	\$125 per year
	Bicycle Course	\$125 per year
	Archeiy Range	\$125 per year
	Concert, Lecture, Motion Picture etc.	\$94 1st 1-500 seats, \$125 for over 500 seats
	Theatre or Drive In Theatre	\$156 1st 1-500 seats, \$188 over 500 seats
	Riding Academy	\$75 per year
	Boxing, Wrestling Exhibition	\$94 per day or \$188 per quarter
	Arcade	\$188 1st day + \$125 each additional day
	Concession Rides for Children	\$94 per year
	Concession Rides for Adults	\$94 per year
	Rides for Adults	\$594 1st 20 spaces+ \$25 each additional space
5.24.095	Swap Meet-Flea Market	\$50 per day
5.24.100	Auctioneer not a fixed place of business	\$94 per year
	Auction Sale - Auction Houses, fixed place of business	\$94 per year
	Farmer's Auction Yard	\$19 per automobile + \$19 per truck 1 ton or less + \$31 per truck over 1 ton + \$8 per trailer
5.24.110	Automobile-Truck-Trailer Rentals	
5.24.120	Bankrupt Sales-Fire Sales	\$63 per day
5.24.130	General Contractors	\$188 per year or \$63 per quarter
	Electrical, Plumbing, Painting Contractors	\$125 per year or \$38 per quarter
	Housing Moving, Grading, Paving, Wrecking,	
	Sewer, Pipeline, Trenching, Excavation Contractors	\$188 per year or \$63 per quarter
	Masonry, Glazier, Cement, Floor, Heating, Tile,	
	Plastering, Roofing,Sash, Sheet Metal, Lathering, Other	
	Subcontractor	\$94 per year or \$31 per quarter
5.24.120	Christmas Trees-Holly Berries, Cards or Other Seasonal Items	\$44 per season
5.24.150	Hospital-Sanitarium-Rest Home-Nursing Home, Asylum	\$44 per location + \$1 per bed
5.24.160	Hotels-Motels-Apartment Houses-Rooming Houses	\$56 per year 5-9 units, \$75 per year 10-19 units, \$94 per year 20-29 units \$113 per year 30-39 units, \$131 per year 40-49 units, \$169 per year 50-75 units \$206 per year over 75 units
5.24.170	House Traller-Mobile Home Park	Same as Hotels, Motels
5.24.180	Junk Dealers, Secondhand Dealers fixed place of business	\$156 per year
	Junk Dealers, no fixed place of business	\$188 per year
	Auto Salvage, fixed place of business	\$188 per year
5.24.190	Pawnbrokers	\$188 per year
5.24.200	Public Utilities	Same as manufacturing (except water utilities)
5.24.210	Taxicabs	\$94 per taxicab
5.24.220	Transportation and Trucking Services	\$156 per year
5.24.230	Vending Machines	\$8 per machine
5.24.240	Vending Machines - Exclusive Business	\$13 per each \$1,000 in gross receipts
5.34.534	Itinerant Vendor License	\$125 per year + \$13 each additional agent



ZONING COMPLIANCE FACT SHEET

Community Development Department
212 So. Vanderhurst Avenue
(831) 385-3281

Note: This application form is for Zoning Compliance only, and does not authorize construction or physical occupation of a structure which is not in compliance with the appropriate building codes.

Form with fields: APPLICANT NAME AND MAILING ADDRESS, BUSINESS NAME, BUILDING OWNER NAME AND ADDRESS, SIGNATURE (BUILDING OWNER), PHONE, PROPOSED BUSINESS ADDRESS.

Description your business operation in detail (attach additional sheets if necessary):

Three horizontal lines for business description.

Number of Employees: Business Hours:
Open Business Days:
Previous on site use:
For uses open to the public, such as restaurants, state the maximum seating capacity:

Total square footage of building: Total square footage occupied by your business:
How much square footage is dedicated to? Retail: Office: Manufacturing: Storage:
Business Area: 1st Floor sq/ft 2nd Floor sq/ft
Storage Area: sq/ft Seating Area: sq/ft
Total square feet of Business Area Occupied: sq/ft

Parking: Check One: Single Tenant Building Multi-tenant Building
Number of Parking Spaces Total: Number of Parking Spaces for your Business:
(Do not include parking spaces on the public streets)

Signs:
Check One: Existing Sign to be Re-faced Number of Signs to be Re-faced
New Sign Proposed Number of New Signs Proposed
No Signs

(All New Signs must be consistent with the City of King Sign Ordinance and requires Community Development Director's approval. Building Permits may be required)

- Building and site utilization: (Explain the "YES" answers on a separate sheet and attach to this form.)
1. Will any equipment be operating 24 hours a day, such as a compressor?
2. Will business involve retail sales to:
3. Will business provide service or repair for:
4. Will business involve retail sales of alcoholic beverages?
5. Will there be any outside storage of goods or materials?
6. Will there be any additional outdoor trash collection areas?
7. Will radio or electronic transmissions of any kind emanate from the site?
8. Will new outdoor lights be installed?
9. Will the business require a sign? If yes, a permit is required
10. Do your business operations involve any kind of painting?
11. Will explosives, flammable material or volatile liquid be stored?
12. Will building be used for motor vehicle storage or repair?

Declaration:
I declare under penalty of perjury that the above information which I have set forth in this application is true and accurate to the best of my knowledge and that I agree to operate the above described business in strict compliance with City Zoning regulations governing that business.

Signature Date

Business License Building Review Questionnaire



The Building & Safety Department is responsible for all structural and life safety concerns in the construction, demolition or alteration of buildings including, but not limited to, matters such as electrical and plumbing permits, HVAC systems, Title 24 energy standards and handicapped access pursuant to Title 24 Chapter 11A & B Accessibility Standards.

Business Name: _____

Type of Business: _____

Site Location: _____

Business Contact: _____

Property Owner(s): _____

Assessors Parcel Number: _____

Previous Use: _____

Do you plan on making any structural tenant improvements such as, enlarge, extend, reconstruct, or alter the building in use, design or arrangement?

Do you plan on modifying the existing electrical, mechanical or plumbing systems?

Are you planning on any maintenance, repairs or replacement exceeding fifty percent of the building's appraised valuation as shown on the assessment roll of the city?

Are you demolishing any portion of the structure?

Signature of Owner/Operator: _____

Print Name of Owner/Operator: _____

NOTE: "Stop Work Notices" will be issued by the Building Official if construction is done without required permits.

All contractors and subcontractor must possess a current City of King business license.

The contractors and subcontractors must have current workman's compensation and must be bonded.

Building permits are issued to the property owner, licensed contractor or a certified agent of the property owner.

Monterey County Health Department
1270 Natividad Road, Room B301
Salinas, CA 93906
(831) 755-4511
Fax (831) 755-8954

Jurisdiction Name _____
Use Permit # _____
Or
Building Permit # _____
Contact Name _____
Phone # _____

HAZARDOUS MATERIAL QUESTIONNAIRE

Business Name _____ Type of Business _____
Site Location _____ City _____ APN: _____
Mailing Address _____
Business Contact _____
Name Phone Number
Property Owner _____
Name Phone Number

- Will your business/proposed project be using any hazardous materials such as oil, fuels, solvents, compressed gases, acids, corrosives, pesticides, fertilizers, paints or other chemicals?
 Yes No
- Will your business/proposed project be using hazardous materials in quantities of 55 gallons and above for liquids, 500 lbs. and above for solids and/or 200 cubic feet and above for compressed gases?
 Yes No
- Will your business/proposed project be using any quantities of acutely hazardous materials such as ammonia, chlorine, sulfuric acid, formaldehyde, hydrogen peroxide, methyl bromide or other restricted pesticides?
 Yes No
- Will your business/proposed project be using underground storage tanks to store hazardous materials?
 Yes No
- Will your business/proposed project be generating any quantities of hazardous waste such as waste oil, waste solvents, etc?
 Yes No
- Will your business/proposed project be emitting any hazardous air emissions?
 Yes No

CERTIFICATION:
I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct to the best of my knowledge and belief.

ANY QUESTIONS REGARDING THIS FORM CAN BE DIRECTED TO:
Monterey County Health Department
Division of Environmental Health
1270 Natividad Road, Room B301
Salinas, CA 93906
(831) 755-4511

Executed AT: _____
City, State

Print Name of Owner/Operator: _____
Signature of Owner/Operator: _____

- For Local Jurisdiction Use Only:**
- Is there a known or proposed school, hospital, day care, or long term care facility within 1,000 feet of this site location?
 Yes No
 - Is there a known or proposed school, hospital, day care, or long term care facility 1/4 mile of this site location?
 Yes No

Health Department Clearance Signature: _____ Date: _____
Print Name and Title: _____

Air Pollution District Clearance Signature: _____ Date: _____
Print Name and Title: _____



License & Permit Information-Monterey County

<p>Business License</p>	<p><u>Monterey:</u></p> <ul style="list-style-type: none"> City of Monterey, City Hall Revenue, Room 4, Monterey, CA 93940 (Corner of Pacific & Madison Street); (831) 646-3944 <p><u>Carmel by the Sea:</u></p> <ul style="list-style-type: none"> City Hall, East Side of Monteverde between Ocean Ave & 7th; (831) 620-2010 <p><u>Marina:</u></p> <ul style="list-style-type: none"> 211 Hill Crest Avenue, Marina, CA, 93933; (831) 884-1278 <p><u>Seaside:</u></p> <ul style="list-style-type: none"> 440 Harcourt Avenue, Seaside, 93955; (831) 899-6240 <p><u>Salinas:</u></p> <ul style="list-style-type: none"> 200 Lincoln Avenue, Salinas, CA, 9390; (831) 758-7212 <p><u>Other areas:</u> Del Rey Oaks: 394-8511; Gonzales: 675-5000; Greenfield: 674-5591, King City: 385-3281; Pacific Grove: 648-3100; Sand City: 394-3054; Soledad: 678-3963</p>	<p>Frequently Asked Questions</p> <p>Where do I get a Business License for my company?</p> <p>You can obtain a business license where your business is located. Typically, the City Clerk, Business Office, or Finance Department will issue the licenses for the city. If you are a home-based business in the unincorporated area of Monterey County, you may also be required to obtain a Home Occupational Permit in addition to a business license.</p>
<p>California License & Permit Information</p>	<p>CalGOLD http://www.calgold.ca.gov</p>	<p>What is a Fictitious Business Name Statement?</p>
<p>Dept of Alcoholic Beverage Control Information</p>	<p>California ABC Office 1137 Westridge Parkway Salinas, CA 93907 (831) 755-1990 http://www.abc.ca.gov/permits/permits.html</p>	<p>A fictitious business name statement is filed with the County Clerk in the county where your business is located. If the business name is available your filing will grant you the exclusive right to use the name in that county. The filing identifies you to potential creditors as the owner of the business you are starting, buying, or renaming.</p>
<p>Environmental Health Services</p>	<p>County Health Care Services Agency Monterey: 647-7654; Salinas: 755-4505; King City: 755-4579</p>	<p>Once you have filed, you will be required to advertise your filing in the newspaper for four weeks. Upon completion of the advertising, you will be granted the business name.</p>
<p>Employment Development Department</p>	<p>730 La Guardia St, Salinas, CA 93905; 649-2925</p>	<p>What is a Business Plan and why do I need one?</p>
<p>Employer Identification Number</p>	<p>State: California Employment Development Department</p> <ul style="list-style-type: none"> (888) 745-3886 http://www.caljobs.ca.gov <p>Federal: Internal Revenue Service</p> <ul style="list-style-type: none"> (800) 829-4933 http://www.irs.gov 	<p>A business plan is considered to be the "road map" for your business operation. A well-written business plan will set forth the goals for your business and guide your current and future operations. Every plan should include information on the history and development of your business, the product or service you offer, your marketing strategy, the ownership structure, personnel requirements, and the financial plan of the business. For the startup business, a business plan acts as a "feasibility study" to determine whether the potential business is viable.</p>
<p>Fictitious Business Name</p>	<p>County Clerk's Office 240 Church Street, 3rd Floor, Room 305, P.O. Box 1819 Salinas, CA 93902 (831) 755-5450 http://www.co.monterey.ca.us</p>	<p>A completed business plan can also be used as a tool to gain financing for the business, or to recruit employees. However, the greatest benefit of the plan is that you, the business owner, will have a clear understanding of your business, industry, and marketplace. This knowledge will lead to better decision-making, and ultimately, increased profitability.</p>
<p>Federal Withholding Taxes</p>	<p>Internal Revenue Service (800) 829-4933 http://www.irs.gov</p>	<p>The SDDC offers monthly Business planning workshop.</p>
<p>Incorporation/ LLC/ Limited Partnerships</p>	<p>Secretary of State 1500 11th Street, Sacramento, CA 95814 (916) 657-5448 http://www.ss.ca.gov/business/business.htm</p>	
<p>Seller's permit</p>	<p>California State Board of Equalization- Salinas Office: 111 E. Navajo Drive, Suite 100, Salinas, CA 93906-2452 (831) 443-3003</p>	
<p>State Withholding Taxes</p>	<p>1900 Garden Road, Suite 160, Monterey, CA 93940 http://www.edd.ca.gov</p>	
<p>Zoning Requirements</p>	<p>Planning Department Monterey: 646-3885; Carmel: 620-2010; Del Rey Oaks: 394-8511; Gonzales: 675-5000; Greenfield: 674-5591; King City: 385-3281; Marina: 884-1220; Pacific Grove: 648-3190; Salinas: 758-7206; Seaside: 899-6220; Soledad: 678-3963</p>	