

Please complete the application forms and either mail or fax them back to the Finance Department. Consult the fee schedule below to determine the total amount owing. If this is your first business license do not forget to include the one time application-processing fee. If you are renewing an existing license, include a renewal fee.

SERVICE AND DELIVERY

****Location of business not in the City****

Fees based upon calendar year. If you started work during:

Jan., Feb., March	\$35.00 per vehicle
April, May, June	\$26.25 per vehicle
July, Aug., Sept.	\$17.50 per vehicle
Oct., Nov., Dec.	\$8.75 per vehicle
Optional Fleet Rate	\$100.00 per year

Add processing fee: **\$61.00*** - New Applicants **or \$15.00*** - Renewing Existing Account.

To pay by credit card (Visa or Master Card only), you may fax the completed application to (805) 449-2289. Please provide the credit card number and expiration date by calling (805) 449-2201.

Fee Worksheet

Business License Tax from schedule above:	\$ _____
New or Renewal Processing Fee:	\$ <u>61.00*</u> or <u>\$15.00*</u>
Total Fee:	\$ _____

Mailing Instructions:

Please make checks payable to the City of Thousand Oaks.
 Mail To: City of Thousand Oaks
 Finance Department - Business License
 2100 Thousand Oaks Blvd.
 Thousand Oaks, CA 91362

For any questions please call (805) 449-2201 during regular business hours Monday through Thursday 7:30 a.m. to 5:00 p.m. and alternating Fridays 8:00 a.m. to 5:00 p.m.

* Includes State Mandated \$1 fee per SB 1186-disabled access



CITY OF THOUSAND OAKS

BUSINESS TAX CERTIFICATE APPLICATION

2100 E Thousand Oaks Blvd, Thousand Oaks, CA 91362-2903 · Phone (805) 449-2201 · Fax (805) 449-2289

PLEASE COMPLETE ALL APPLICABLE FIELDS ON THIS FORM				
Business Name (DBA)			Start Date in Thousand Oaks	
Corporate Name (If applicable)			Federal Tax ID	
Business Address		City	State	Zip Code
Mailing Address (If different from Business Address)		City	State	Zip Code
Business Phone No	Business Fax No	Business Email		
Ownership Type: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Co <input type="checkbox"/> Corporation / State _____ <input type="checkbox"/> Exempt				
1) Owner / Officer Name			Title	
Address				
Phone No	Social Security No	Date of Birth	Drivers License/State	
2) Owner / Officer Name			Title	
Address				
Phone No	Social Security No	Date of Birth	Drivers License/State	
Business Category <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Service <input type="checkbox"/> Manufacturing <input type="checkbox"/> Admin Only			Classification (Office Use)	
Detailed Description of Business Activity				
Gross Receipts (12-Month Estimate / Actual)		# Employees	# Vehicles	Bldg Square Footage
Seller's Permit # or Resale Certificate #		CA Contractor's License #	Class	Expiration Date
FOR HOME-BASED BUSINESSES LOCATED WITHIN THE CITY OF THOUSAND OAKS <input type="checkbox"/> ADDRESS				
Business owners may elect to exclude the address & telephone number from a business license listing available to the public. If you wish to EXCLUDE your business address or telephone number, check the appropriate box for exclusion. <input type="checkbox"/> PHONE NUMBER				
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.cahwnet.gov →The California Commission on Disability Access at www.cdda.ca.gov				

Your Business License will be issued under the provisions of Title 3, Chapter 1 of the Thousand Oaks Municipal Code. You are cautioned that this License does not permit operation of a business in violation of other provisions of the Thousand Oaks Municipal Code.

I declare under penalty of perjury that, to the best of my knowledge and belief, the statements made herein are correct and true and that the information is subject to verification. I understand that acceptance of payment by the City does not constitute approval of the Business License; authorization to conduct business is not granted until issuance of the license.

Signature: _____ Title _____ Date _____

FOR OFFICE USE ONLY				
Control #	Staff Initial	License	Amount	Receipt #
<input type="checkbox"/> Update Only				
Comments:				