

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.

GROSS RECEIPTS FEE SCHEDULE

The business tax fee is for one calendar year. To determine the amount of the fee, find the amount of your actual gross receipts for the prior year and select the quarter in which the business started. If this is a new business, estimate 12 months of gross receipts.

Gross Receipts	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
\$0 - \$15,000	\$20.00	\$15.00	\$10.00	\$10.00
15,001 - 30,000	25.00	18.75	12.50	10.00
30,001 - 45,000	30.00	22.50	15.00	10.00
45,001 - 60,000	35.00	26.25	17.50	10.00
60,001 - 75,000	40.00	30.00	20.00	10.00
75,001 - 90,000	45.00	33.75	22.50	11.25
90,001 - 105,000	50.00	37.50	25.00	12.50
105,001 - 130,000	60.00	45.00	30.00	15.00
130,001 - 155,000	70.00	52.50	35.00	17.50
155,001 - 180,000	80.00	60.00	40.00	20.00
180,001 - 205,000	90.00	67.50	45.00	22.50
205,001 - 255,000	100.00	75.00	50.00	25.00
255,001 - 305,000	110.00	82.50	55.00	27.50
305,001 - 355,000	120.00	90.00	60.00	30.00
355,001 - 405,000	130.00	97.50	65.00	32.50
405,001 - 455,000	140.00	105.00	70.00	35.00
455,001 - 505,000	150.00	112.50	75.00	37.50
505,001 - 605,000	190.00	142.50	95.00	47.50
605,001 - 705,000	230.00	172.50	115.00	57.50
705,001 - 805,000	270.00	202.50	135.00	67.50
805,001 - 905,000	310.00	232.50	155.00	77.50
905,001 - 1,000,000	350.00	262.50	175.00	87.50
1,000,001 - 2,000,000	\$350 + \$.24 per thousand dollars of gross receipts in excess of \$1,000,000			
2,000,001 - 3,000,000	\$590 + \$.20 per thousand dollars of gross receipts in excess of \$2,000,000			
3,000,001 - 4,000,000	\$790 + \$.16 per thousand dollars of gross receipts in excess of \$3,000,000			
4,000,001 - 5,000,000	\$950 + \$.12 per thousand dollars of gross receipts in excess of \$4,000,000			
5,000,001 - Over	\$1,070 + \$.08 per thousand dollars of gross receipts in excess of \$5,000,000			

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

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

Payment Instructions:

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:	\$ _____
Certificate of Occupancy fee	\$120.00 _____
New or Renewal Processing Fee:	\$ 61.00* or \$15.00*
Total Fee:	\$ _____

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

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.**





Community Development Department

2100 Thousand Oaks Boulevard • Thousand Oaks, CA 91362
 Planning Division • Phone 805/449.2323 • Fax 805/449.2350 • www.toaks.org
 Building Division • Phone 805/449.2500 • Fax 805/449.2575 • www.toaks.org

CERTIFICATE OF OCCUPANCY APPLICATION

Submit this Application to Finance with your Business License Application

For submittal questions, call (805) 449-2201.

For application status, call (805) 449-2500.

Business Name: _____		
Business Owner: _____		
Business Address (Include Suite): _____		
City: _____	State: _____	ZIP: _____
Business Phone: (_____) _____		Other: (_____) _____
List products and/or services to be provided: _____		
Proposed Bldg. Use: _____		Date Business Opening: _____
Floor Area (Sq. Ft.): _____		Number of Employees: _____
Type of Equipment to be Used: _____		
Is There Any Storage or Handling of Hazardous Materials?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Give the Quantities and Nature of Use: _____		

I declare under penalty of perjury that the foregoing statements are true and correct to the best of my knowledge and understand that the information is subject to verification.

Signature: _____ Title: _____ Date: _____

FOR CITY USE ONLY				
Department	Date Received	Same Location/Address Change		Business License Control #:
Finance		Yes / No		
Department	Approved by	Denied by	Date	Use Zone
Planning				
Comments/Remarks:				
Department	Approved	Denied	Date	Remarks
Building				
Occupancy Type:		Design Occ. Load:		Type of Construction:
Administration				
Entered by:		Entered Date:		Appx Mail Date: