



# Finance Department

2100 Thousand Oaks Boulevard • Thousand Oaks, CA 91362  
Phone 805/449.2200 • Fax 805/449.2250 • www.toaks.org

**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.**

## STATE LICENSED CONTRACTOR

State licensed contractors pay a flat-rate business tax that is prorated quarterly and the amount due is determined by the month your company begins work in the City. Select the Business Tax due from the schedule below.

Jan., Feb., March	\$67.50
April, May, June	\$50.63
July, Aug., Sept.	\$33.75
Oct., Nov., Dec.	\$16.88

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 application along with a copy of your current state contractor's card 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 Permit	\$ <u>120.00</u>
New or Renewal Processing Fee:	\$ <u>61.00* or \$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				
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"/> ADDRESS <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 <a href="http://www.dgs.ca.gov/dsa/home.aspx">www.dgs.ca.gov/dsa/home.aspx</a> →The Department of Rehabilitation at <a href="http://www.rehab.cahwnet.gov">www.rehab.cahwnet.gov</a> →The California Commission on Disability Access at <a href="http://www.cdda.ca.gov">www.cdda.ca.gov</a>				

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:			



# 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 #:
<b>Finance</b>		Yes / No		
Department	Approved by	Denied by	Date	Use Zone
<b>Planning</b>				
Comments/Remarks:				
Department	Approved	Denied	Date	Remarks
<b>Building</b>				
Occupancy Type:		Design Occ. Load:		Type of Construction:
<b>Administration</b>				
Entered by:		Entered Date:		Appx Mail Date: