

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 a new Business License, 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: **\$64.00*** - New Applicants or **\$20.00*** - Renewing Existing Account.

* Includes State Mandated \$4 fee per AB 1379 - 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	<u>\$120.00</u>
New or Renewal Processing Fee:	<u>\$ 64.00* or \$20.00*</u>
Total Fee:	\$ _____

* Includes State Mandated \$4 fee per AB 1379 - 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 alternate Fridays 8:00 a.m. to 5:00 p.m.





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 - Email businesslicenses@toaks.org

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 (Physical Address Required) (PO Box and Virtual Office Addresses not accepted)		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:				



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: (____) _____
Email: _____	
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: