

BUSINESS LICENSE TAX/EXEMPT BENEFIT ZONE CHARGE CALCULATION

To calculate the appropriate amount due, complete the calculation section below. If you are renewing your license for a new year, the Benefit Zone your business is located in is indicated on the Application form, just above the red signature block, under the title "Type of Business". New businesses check with City Hall for the Benefit Zone your business is located in.

To determine the range your business falls within, calculate the number of employees as the actual number of employees on the payroll, rather than the equivalent number of full time employees. The total number claimed shall include the owner(s) of the business. If a business has no employees, and is thus operated by the owner(s), the total number of owner(s) shall be claimed.

The number of employees (including the owner(s) for the annual fee shall be determined by the number of employees on the payroll for the period ended September 30th of the preceding year for which the fee is due.

Annual license taxes shall be due the first day of January of each year, and delinquent on January 31st.
POSTMARKS WILL NOT BE ACCEPTED.

<u>BUSINESS LICENSE FEE</u>	<u>FEE EFFECTIVE AS OF JULY 1ST</u>	<u>*SB-1186</u>	<u>INDICATE AMOUNT</u>	<u>DUE ON LINE BELOW</u>
1-3	Employees, including owner is \$35.00	+ \$1.00 = \$ 36.00		_____
4-12	Employees, including owner is \$60.00	+ \$1.00 = \$ 61.00		_____
13-20	Employees, including owner is \$112.50	+ \$1.00 = \$ 113.50		_____
21-35	Employees, including owner is \$175.00	+ \$1.00 = \$ 176.00		_____
36-50	Employees, including owner is \$250.00	+ \$1.00 = \$ 251.00		_____
51-75	Employees, including owner is \$350.00	+ \$1.00 = \$ 351.00		_____
76-99	Employees, including owner is \$450.00	+ \$1.00 = \$ 451.00		_____
100+	Employees, including owner is \$750.00	+ \$1.00 = \$ 751.00		_____
TOTAL BUSINESS LICENSE CHARGE DUE				\$ _____

AFFIDAVIT: I hereby declare under penalty of perjury, that the reported information is true and correct to the best of my knowledge.

BUSINESS NAME: _____ **SIGNATURE:** _____

*On September 19, 2012 Governor Brown signed into law SB-1186 which adds a state fee of \$1.00 on any applicant for a local business license or similar instrument or permit, or renewal thereof. The purpose is to increase disability access and compliance with construction-related accessibility requirements and to develop educational resources for businesses in order to facilitate compliance with federal and state disability laws, as specified.

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.cceda.ca.gov
- ~ Copy of SB1186 Mandate at <http://leginfo.legislature.ca.gov>

**Revised
12/12**

(ADDITIONAL INFORMATION REQUESTED ON REVERSE SIDE OF FORM)

NON-PRIMARY BUSINESS COMPLETE THIS BOX

If your business is located within the confines of another business, which may be considered the primary business within that building, you may not be required to pay the benefit zone fee. The primary business must agree to pay the benefit zone fee, for both businesses, in order for your business to be exempt.

Benefit Zone A businesses pay according to the number of owner(s)/employee(s) combination. Adding an additional business' staff may bump the fee up to the next range, increasing the fee for the primary business.

Indicate on the following line the name of the Business reporting you and your employees in their Benefit Zone Charge. This line must be completed if you are not reporting any Benefit Zone Charge.

NAME OF THE PRIMARY BUSINESS

PAYING BENEFIT ZONE FEES: _____

***PRIMARY BUSINESSES COMPLETE
INFORMATION REQUESTED IN THIS BOX***

THE PRIMARY BUSINESS REPORTING BENEFIT ZONE CHARGES FOR A NON-PRIMARY BUSINESS MUST COMPLETE THIS PORTION OF THE FORM.

Listed below are the businesses I am reporting under the Benefit Zone Charge, including my own business.

NAME OF PRIMARY BUSINESS: _____ No. of Employees _____

NAME OF NON-PRIMARY BUSINESS
AS SHOWN ON BUSINESS LICENSE

NUMBER OF
EMPLOYEES

TOTAL EMPLOYEES REPORTED

IF YOU HAVE ANY QUESTIONS REGARDING THIS FORM, PLEASE CALL CITY HALL AT (209) 532-4541.