



APPLICATION
BUSINESS TAX AND LICENSING

Hospitals, Rest Home and The Like

Business #: _____

SIC Code: _____

NEW APPLICATION **RENEWAL**

INSTRUCTIONS:

- \$ All questions on this form must be answered or designated not applicable (N/A) where appropriate.
- \$ Additional information may be required pursuant to Los Gatos Town Code, Chapter 14.
- \$ In compliance with requirements of the State Controller's Office, a Business Tax Certificate (License) will not be issued without the following information.

PLEASE PRINT ALL INFORMATION:

1. Business Name: _____ **E-Mail:** _____

Business Address: _____
 Number Street City State ZIP

Business Telephone #: _____ **Fax:** _____

Billing Address: _____
 (If different) Number Street City State ZIP

2. Type of Business (Please be specific): _____
Type of Ownership (Check one only):
 Partnership Corporation Trust Sole Proprietorship

Owner(s) Name: _____

Owner(s) Telephone #: _____ **Owner(s) Cellphone #:** _____

Owner(s) Residence: _____
 Number Street City State ZIP

3. At least one of the following is required:
 \$ Federal Employer ID #: _____
 \$ State Employer ID #: _____
 \$ Board of Equalization #: _____

4. Complete the following:
 Annually (January 1 through December 31): \$140.00 \$ _____
OR **Number of Beds:** _____ \$ _____
 Per Bed, whichever is greater: \$10.00/Bed
SELECT ONE: \$40.00 In-Town BL Processing Fee \$30.00 BL Renewal Processing Fee
PLUS \$4.00 SB 1186 State Mandated Fee* PER BUSINESS (See notation on reverse side) \$ 4.00

Total Amount Due: \$ _____

The license period is from January – December, renewable annually.

It shall be unlawful for any person to transact and carry on any business, trade, profession, calling or occupation in the Town without first having procured a license from the Town. Sec.14.10.015

If a business plans to establish within Town limits, the Planning Division of Community Development requires approval/compliance of zoning requirements for the pending business location.

I understand that obtaining this business license will not authorize me to use the property or conduct the business in violation of any Local, State, or Federal law. I understand that it is my obligation to determine the legal restrictions involved before beginning or changing the business.

I DECLARE UNDER PENALTY OF PERJURY that the foregoing is true and correct and if called as witness I could competently testify to the facts contained herein.

SIGNATURE: _____ **TITLE:** _____ **DATE:** _____

* 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 building 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.