



CITY OF NEWARK
 37101 Newark Boulevard • Newark, California 94560-3796
 (510) 578-4264 • FAX (510) 578-4358
 www.newark.org

Business Licenses are issued for the Jan - Dec calendar year. It is the responsibility of the business owner to renew their license by January 31st of each year.

BUSINESS LICENSE APPLICATION

Business Name _____ Corporate Name _____ <small>(If Different)</small> Business Location _____ <small>(Cannot be P.O. Box per State of California Bus & Prof Code Section 17538.5)</small> City _____ State _____ Zip _____ Bus. Phone () _____ Bus. Fax () _____ Mailing Address _____ <small>(if Different)</small> City _____ State _____ Zip _____ Description of Business _____ Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Ltd Liability-Corp <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Non Profit <input type="checkbox"/> Other Seller's Permit No. _____ Email Address _____ State Contractor No. _____ Federal ID No. _____ SEIN No. _____	<p align="center">• OFFICIAL USE ONLY •</p> Business Lic. No. _____ Classification/Fee Sched. _____ NAICS Code _____ Open Date _____ <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:70%;"></th> <th style="width:30%; text-align: center;">Initial and Date</th> </tr> </thead> <tbody> <tr><td>Planning</td><td style="text-align: center;">/</td></tr> <tr><td>Code Enforcement</td><td style="text-align: center;">/</td></tr> <tr><td>Police</td><td style="text-align: center;">/</td></tr> <tr><td>Fire/Hazmat</td><td style="text-align: center;">/</td></tr> <tr><td>Health Permit</td><td style="text-align: center;">/</td></tr> <tr><td>Other</td><td style="text-align: center;">/</td></tr> </tbody> </table>		Initial and Date	Planning	/	Code Enforcement	/	Police	/	Fire/Hazmat	/	Health Permit	/	Other	/
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Police	/														
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Health Permit	/														
Other	/														

Owner, Partners, Corporate Officers		
(No. P. O. Box will be accepted)		
Owner Name _____ Title _____ Home Address _____ City _____ State _____ Zip _____	Soc. Sec. No. _____ Phone Bus. () _____ Phone Res. () _____	
Owner Name _____ Title _____ Home Address _____ City _____ State _____ Zip _____	Soc. Sec. No. _____ Phone Bus. () _____ Phone Res. () _____	

Emergency Contact - <i>In case of an emergency and I cannot be reached, please call:</i>		
Name _____ Address _____ City _____ State _____ Zip _____	Phone () _____ Cell Phone () _____	

Complete the one item below that applies to your business:

GROSS RECEIPTS FOR PRIOR YEAR \$ _____
 New Business estimate first year

CONTRACTORS ENTER CURRENT GROSS RECEIPTS FOR PROJECTS IN NEWARK ONLY (Refer to Fee Schedule No. 7)

GROSS PAYROLL FOR PRIOR YEAR \$ _____
 Admin. Offices and Warehousing only

NUMBER OF DELIVERY VEHICLES _____
 (Refer to Fee Schedule No. 10)

QUARTERLY CONTRACTOR (\$30 per quarter plus registration) \$ _____
 (Enter project value)

NUMBER OF EMPLOYEES _____
 Realtor only (Refer to Fee Schedule No. 5)

Please calculate amount due from the enclosed schedule

BUSINESS LICENSE FEE (Required)	1.	\$ _____
See Business License Fee Schedule		
PENALTY	2.	\$ _____
REGISTRATION FEE (Required)	3.	\$ _____
All Business annually - \$30 Contractors: Annual \$30 or Quarterly - \$10 per quarter		
HOME OCCUPATION PERMIT (\$63)	4.	\$ _____
INSPECTION FEE (\$40)	5.	\$ _____
STATE CASp FEE (\$1)	6.	\$ _____
TOTAL AMOUNT DUE Add lines 1 through 6	7.	\$ _____

Payment of a Business License Tax does not relieve the applicant (Business) of the requirement to comply with other regulations of the City, County, State or Federal Government. By submitting and paying for your business license, you acknowledge that there is a 3.5% tax on utility usage in the City of Newark. I declare, under penalty of perjury, that to the best of my knowledge the information contained above is true and correct.

NOTICE: 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.

Signature and Title: _____

 For City Use Only

Date: _____

Thank you for doing business in the City of Newark!

MAKE CHECK PAYABLE TO "CITY OF NEWARK" or
 To pay by credit card, complete and sign below.

Name as shown: _____
Credit Card No. _____
 VISA Mastercard Exp. Date _____

Signature: _____