



**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**

<b>Business Name</b> _____ <b>Corporate Name</b> _____ <small>(If Different)</small> <b>Business Location</b> _____ <small>(Cannot be P.O. Box per State of California Bus &amp; Prof Code Section 17538.5)</small> City _____ State _____ Zip _____ Bus. Phone (    ) _____ Bus. Fax (    ) _____ <b>Description of Business</b> _____ <b>Mailing Address</b> _____ <small>(if Different)</small> <b>Ownership</b> <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 <b>Seller's Permit No.</b> _____ <b>Email Address</b> _____ <b>State Contractor No.</b> _____ <b>Federal ID No.</b> _____ <b>SEIN No.</b> _____	• OFFICIAL USE ONLY • <b>Business Lic. No.</b> _____ <b>Classification/Fee Sched.</b> _____ <b>NAICS Code</b> _____ <b>Open Date</b> _____ <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th colspan="2" style="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> </tbody> </table>	Initial and Date		Planning	/	Code Enforcement	/	Police	/
Initial and Date									
Planning	/								
Code Enforcement	/								
Police	/								

Owner, Partners, Corporate Officers

Per AB 2184, you may protect your residential address by providing a different Service of Process address in accordance with Sections 16000.1(a)(2) and 16100.1(a)(2) of the Business and Professions Code. To do so, please fill out the section on the bottom of this form.

(No. P. O. Box will be accepted)

<b>Owner Name</b> _____	<b>Title</b> _____	<b>SSN/ITIN</b> _____
<b>Home Address</b> _____	<b>Other ID#</b> _____	<b>Phone (    )</b> _____
City _____ State _____ Zip _____		
<b>Owner Name</b> _____	<b>Title</b> _____	<b>SSN/ITIN</b> _____
<b>Home Address</b> _____	<b>Other ID#</b> _____	<b>Phone (    )</b> _____
City _____ State _____ Zip _____		

**Emergency Contact - In case of an emergency and I cannot be reached, please call:**

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Phone (    )** \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

<b>BUSINESS LICENSE FEE (Required)</b>	1.	\$ _____
See Business License Fee Schedule		
<b>PENALTY</b>	2.	\$ _____
<b>REGISTRATION FEE (Required)</b>	3.	\$ _____
All Business annually - \$30 Contractors: Annual \$30 or Quarterly - \$10 per quarter		
<b>HOME OCCUPATION PERMIT (\$63)</b>	4.	\$ _____
<b>INSPECTION FEE (\$40)</b>	5.	\$ _____
<b>STATE CASp FEE (\$4)</b>	6.	\$ _____
<b>TOTAL AMOUNT DUE</b> 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 3.25% 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](http://www.dgs.ca.gov/dsa) - The Department of Rehabilitation at [www.dor.ca.gov](http://www.dor.ca.gov) - The California Commission on Disability Access at [www.cdda.ca.gov](http://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:** \_\_\_\_\_

**SERVICE OF PROCESS ADDRESS, PURSUANT TO AB 2184 - AVAILABLE FOR PUBLIC INSPECTION**

If you wish to protect your residential address with a different service of process address, please provide it here.  
 NOTE - if your service of process address is a post office box or private mailbox, it must comply with paragraph (2) of subdivision (b) of Section 17538.5 of the California Business and Professions Code.

**Service of Process Address** \_\_\_\_\_

**Residential Address to protect**     Business Location     Mailing Address     Owner/Partner/Officer Address