



City of Santa Clara
 Municipal Services Division - Business Tax Unit
 1500 Warburton Ave, Santa Clara, CA 95050-3796
 Phone: (408) 615-2310

BC# _____
 For Office Use Only

New Business Tax Affidavit

Instructions:

1. All questions **must** be answered or designated not applicable (N/A), as appropriate.
2. DBA, Business Address and Business Description are required.
3. Carefully read the "Note to Applicant" section.
4. Additional information may be required (see section on "Additional Forms Required").
5. Make checks payable to the City of Santa Clara and submit with completed affidavit.

*Business Name: _____		* DBA: _____	
*Business Address: _____			
*Mailing Address _____			
Business Phone: _____		Is this business going to be conducted in your home in Santa Clara? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, application must be submitted in person and applicant must first obtain the Home Occupation Rules and Regulations</i>	
Email: _____			
Do you claim an exemption to pay Business Tax? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, select exemption type on reverse side (Page 2)</i>		Will you distribute handbills or flyers door to door? <i>If yes, please obtain a copy of regulations concerning handbill distribution from the Finance Department.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> Ltd Liability Co (LLC) <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship/Individual <small>(Check one)</small>			
Federal Tax ID (FEIN): _____ (FEIN required for Corporation, LLC, and Partnership)			
Please list information regarding the business owner (s) and/or all partners and officers: (attach additional sheet, if necessary)			
Name	Title	Alternate Address <small>(Cannot be PO Box)</small>	Alternate Phone # Social Security # <small>(for Sole Proprietors/Individuals)</small>
_____	_____	_____	_____
_____	_____	_____	_____
Name	Address	Phone #	
Emergency Contact _____	_____	_____	
* Business Description or NAICS Code: _____			
Sellers Permit #: _____ <small>(Resellers License/BEAN)</small>		Contractors License #: _____ Class: _____	
Do you have an existing business tax account for another business you own? <input type="checkbox"/> Yes <input type="checkbox"/> No		SIC#: _____	
If yes, list account number and DBA _____		NPDES Permit #: _____	
Number of people (full and part-time/paid or unpaid) engaged in the conduct of business at this Santa Clara address, including owners, partners, officers, and employees: _____			
Based on the Tax Schedule on the reverse side (Page 2) of the form:			
ALL TAXES AND FEES ARE NON-TRANSFERABLE AND NON-REFUNDABLE		Business Tax:	_____
		State CASp Fee:	\$4.00
		Total Amount Due:	_____

The issuance of a certificate under the provisions of this chapter to a particular certificate holder does not constitute approval, direct or indirect, by the City that the certificate holder may operate such business in violation of any of the provisions of the City Code, ordinances or resolutions or any law of the state or federal government. Any business to whom a certificate has been issued under this chapter will continue to be required, after the issuance thereof, to comply with all the laws of the City including, but not limited to its zoning regulations, building regulations, fire regulations, plumbing regulations, electrical regulations, mechanical code and subdivision regulations. Failure of the City to approve, deny, or act upon the application within one hundred and eighty (180) days shall be deemed a denial of the application. If any person fails to pay the annual renewal tax within ninety (90) days after the tax becomes due, his or her business certificate is considered revoked.

I declare under penalty of perjury that the above is true and correct.

Signature _____
Print or Type Name _____

Date _____
Title _____

NOTE TO APPLICANT:

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

If claiming a business tax exemption from page 1, select an option and attach requested proof:

- 1. If you are a non-profit organization, provide supporting tax documentation.
- 2. If you are a religious organization, provide supporting tax documentation.
- 3. If you are a government agency, provide supporting tax documentation.
- 4. If you are a business operating in the City of Santa Clara, provide supporting tax documentation.

Calculate Business Tax from the rates listed below.

All Business Tax Certificates must be renewed or canceled at time of expiration or additional fees/penalties will apply.

Per City Code 3.40.150, any person that fails to apply for a tax certificate within 30 days of commencing business or occupying space in the business community, is subject to 25% penalty of total amount due.

4. Businesses with an alarm system must register with the Santa Clara Police Department at (408) 615-4871.

Annual BUSINESS TAX Schedule

Instructions for New Business Tax Affidavit: To Calculate Annual Business Tax, Complete A or B.

A. Businesses with a Fixed Place of Business within the City of Santa Clara:

B. Businesses Outside the City of Santa Clara that conduct business in Santa Clara:

Please compute your business tax as follows:

Please compute your business tax as follows:

1. Enter the total number of employees _____
(All persons engaged in the operation or activity of any business, whether as owner, officer, partner, agent, manager, full-time/part-time and temporary employee)
2. Multiply the total number of employees by \$45 = _____
(Not to exceed a cap of \$350,000 per year)
3. Enter the total amount into the box labeled Business Tax on the front page.

1. Calculate the total number of employees entering the City for 6 or more days _____

(All persons engaged in the operation or activity of any business, whether as owner, officer, partner, agent, manager, full-time/part-time and temporary employee)

2. Use the number from line 1 and enter it in lines a-d based on the average number of days that your employees are operating in the City.
 - a. Number of employees operating 1-5 days within the city limits _____ (No Fee)
 - b. Number of employees operating 6-64 days within the city limits _____ x \$11.25 = _____
 - c. Number of employees operating 65-129 days within the city limits _____ x \$22.50 = _____
 - d. Number of employees operating 130+ days within the city limits _____ x \$45 = _____

3. Enter total amount from 2a, 2b, and 2c = _____

4. Enter the total amount into the box labeled Business Tax on the front page.

Regulated Businesses:

Applicants for the following business types must apply with the Police Department/Permits Unit before submitting a New Business Tax Affidavit:

Itinerant merchants, Peddlers, Solicitors, Adult book stores, advertising benches, ambulance services, carnivals, circuses, detectives/private investigators, entertainment permits, escort services, pawnbrokers, seasonal lots, secondhand dealers, taxicabs, massage therapist/establishments and theaters.

Santa Clara Police Department/Permits Unit: (408) 615-4867

Additional Forms Required for fixed places of business in the City of Santa Clara

Submit copies of all that apply to your type of business. If uncertain, please call the following agencies:

Form Name:	Agency Name:	Address/Phone:
Fictitious Business Name	Santa Clara County	70 W Hedding, San Jose, CA 95110 - (408) 299-5688
Articles of Incorporation from State of California	Secretary of State of California	1500 11th St, Sacramento, CA 95814 - (916) 653-6814
Sellers Permit	Department of Tax and Fee	250 S 2nd St, San Jose, CA 95113 - (408) 277-1231
Health Certificate	Department of Health	1555 Berger Dr 300, San Jose, CA 95112 - (408) 918-3400

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	Approval Signature	Date	Comments
Home Occupation Planning			
Building			