



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 Rental Unit 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.

PLEASE TYPE OR PRINT CLEARLY IN INK

*Business Name: _____ *DBA: _____
 *Business Address: _____
 *Mailing Address: _____
 Business Phone: _____ Fax: _____ Email: _____

Has the applicant had a business certificate in Santa Clara in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	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>
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Ownership: Corporation Ltd Liability Co (LLC) Partnership Sole Proprietorship/Individual
 (Check one)
 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 <i>(Cannot be PO Box)</i>	Alternate Phone #	Social Security # <i>(for Sole Proprietors/Individuals)</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*Business Description: _____

Emergency Contact:
 Name: _____ Phone: _____
 Address: _____ Cell: _____

Property Manager:
 Name: _____ Phone: _____
 Address: _____ Cell: _____

Do you have an existing business tax account for another business you own? Yes No If yes, provide account #:

Enter taxes from reverse side (Page 2) of the form: ALL TAXES AND FEES ARE NONTRANSFERABLE AND NONREFUNDABLE	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:

- _____ Gross Receipts Income of \$5,000 or less in the last year in the City – 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, a) y 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.

5. The Uniform Fire Code requires that all fixed places of business in the City of Santa Clara obtain a Fire Permit for the facility or activity annually. Should you have any questions about these fees, call the Fire Department at (408) 615-4970.

Instructions for RENTAL UNIT Tax Calculations:

1. To determine tax due, total number of units and multiply by per unit cost shown below.
2. Calculate and enter amount on "Total Tax Due" line.
3. Homeowners Associations: Homeowner Associations (HOAs) must complete and submit this form. HOAs are subject to a per unit Fire Fee to be assessed separately by the Fire Department.
4. Enter "Total Tax Due" amount on the front (1st page) of this document.

	ADDRESS WHERE UNITS ARE LOCATED IN THE CITY OF SANTA CLARA	NUMBER OF UNITS (\$15.00 per unit)
List ALL Rental Units in Santa Clara. Include single family homes, apartments, Hotel or Motel units.		
COMPUTE TAX AT RIGHT	Santa Clara Municipal Code 3.40.380: Rental Units (a) Every person engaged in the business of renting rooms, apartments, single family houses, or other accommodations for dwelling, sleeping or lodging purposes, in the city shall pay the following tax: (1) \$15.00 per annum for each rental unit, subject to annual adjustments set forth in SCCC 3.40.160. (2) Provided, however, that no tax shall be payable under this section, unless the person engaged in such business operates three or more rental units in the city. (b) Rental Unit is defined as a room or suite of two or more rooms (including, but not limited to single-family houses) designed for or used as separate accommodations for dwelling, sleeping, or lodging purposes by a person living alone or two or more persons living together.	TOTAL NUMBER OF UNITS: MULTIPLY TOTAL UNITS BY: X \$15.00 ENTER TOTAL TAX DUE:

Additional Forms Required for Corporation, LLC, or if using a Fictitious Business Name (DBA)

Submit copies of all that apply to your type of business. For more information, please contact the following agencies:

Form Name:	Agency Name:	Address/Phone:
Fictitious Business Name	County of Santa Clara	70 W Hedding, Recorder Office, San Jose, CA 95110 - (408) 299-5688
Articles of Incorporation from State of California	Secretary of State of California	1500 11th St, Business Programs, Sacramento, CA 95814 - (916) 653-6814