



**APPLICATION**  
**BUSINESS TAX AND LICENSING**  
 Non-Profit

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

**Type of Business (Please be specific):** \_\_\_\_\_

2. **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 #: \_\_\_\_\_  
 \$ Social Security #: \_\_\_\_\_

4. **Basis for Exemption (Please select the appropriate box):**

**TAX EXEMPTION REQUEST FEE: \$25.00**

- A. **Disabled Veteran.** Honorably discharged; selling wares or goods. Attach copy of discharged papers and proof of permanent disability from doctor or military service.
- B. **Charitable Organization.** Any institution, organization or association established for charitable purposes only. Sec. 14.10.030(b). A copy of Form #23701D from the State of California or a letter from the IRS, 501(c)3, regarding non-profit status is required.  
 State purpose of organization: \_\_\_\_\_
- C. **Day Care Facilities.** Provide day care for children under eighteen (18) years of age who are unrelated to the licensee. Sec. 14.20.115. Attach a copy of State day care license.
- D. **Town Contractors.** Any business whose income from business with the Town is not more than five hundred dollars (\$500.00) during any calendar year and is derived solely from contracts with the town. Sec. 14.20.125
  - **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.**

**SELECT ONE:**  \$40.00 In-Town BL Processing Fee     \$30.00 BL Renewal Processing Fee      **TOTAL FEE:** \$ \_\_\_\_\_

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:** \_\_\_\_\_