



**APPLICATION**

**BUSINESS TAX AND LICENSING**

*Hospitals, Rest Home and The Like*

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

2. **Type of Business (Please be specific):** \_\_\_\_\_  
**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. **Complete the following:**  
 Annually (January 1 through December 31): \$140.00 \$ \_\_\_\_\_  
**OR** **Number of Beds:** \_\_\_\_\_ \$ \_\_\_\_\_  
 Per Bed, whichever is greater: \$10.00/Bed  
**SELECT ONE:**  \$40.00 In-Town BL Processing Fee  \$30.00 BL Renewal Processing Fee  
**PLUS \$4.00 SB 1186 State Mandated Fee\* PER BUSINESS** (See notation on reverse side) \$ 4.00

**Total Amount Due:** \$ \_\_\_\_\_

**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.**

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

\* 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 building 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](http://www.dgs.ca.gov/dsa/Home.aspx).

The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov).

The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov).