



PLEASE PRINT OR TYPE

1 OWNER NAME (NAME OF CORPORATION, PARTNERSHIP OR INDIVIDUAL)				2 ARE YOU THE OWNER/LEASEHOLDER FOR THE BUSINESS LOCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
3 DBA (FICTITIOUS BUSINESS NAME)				4 BUSINESS PHONE	
5 BUSINESS LOCATION ADDRESS (CANNOT BE A P.O. BOX) - CITY, STATE, ZIP					
6 MAILING ADDRESS SAME AS ABOVE <input type="checkbox"/> (WHERE TAX CERTIFICATE AND OTHER CORRESPONDENCE TO BE SENT)					
7 RENEWAL NOTICE DELIVERY METHOD <input type="checkbox"/> EMAIL ONLY <input type="checkbox"/> PAPER ONLY (YOU WILL STILL BE ABLE TO RENEW ONLINE)					
8 PRIMARY CONTACT NAME		TITLE	PHONE	EMAIL	
9 FEDERAL EMPLOYER ID #		10 STATE EMPLOYER ID #	11 STATE LICENSE #	CLASS	TYPE
12 BUSINESS START DATE ____/____/____		13 # OF EMPLOYEES	14 TYPE OF OWNERSHIP <input type="checkbox"/> SOLE OWNER <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER _____		15 CHECK ONE <input type="checkbox"/> HOME BASED <input type="checkbox"/> COMMERCIAL LOCATION <input type="checkbox"/> OTHER _____
16 BUSINESS DESCRIPTION			<b>CALCULATE THE TAX</b>		
17 NAICS CODE (IF KNOWN)			18 COMMERCIAL SQ FT	19 RESALE # (BOARD OF EQUALIZATION)	<b>REFERENCE ON BACK</b>
20 NAME			21 TITLE	Estimated Gross Receipts _____ 1 Section A Claiming \$0 is not allowed, see back Warehouses: Use Square footage Contractor minimum is \$75K	
22 HOME ADDRESS - CITY, STATE, ZIP			Tier Rate _____ 2 Section B		
23 SSN (IF FEDERAL EMPLOYER ID NOT PROVIDED ABOVE)			24 DRIVERS LICENSE #	Multiply (1 x 2) _____ 3	
25 DATE OF BIRTH		26 PHONE	Prorated Base Tax _____ 4 Section C		
27 EMAIL			Fire Inspection Fee _____ 5 Section D		
28 NAME			29 TITLE	AB-1379 Fee _____ 4.00 6 Section E	
30 HOME ADDRESS - CITY, STATE, ZIP			36 CORPORATE HEADQUARTERS ADDRESS	37 CORP. HQ PHONE	
31 SSN (IF FEDERAL EMPLOYER ID NOT PROVIDED ABOVE)			32 DRIVERS LICENSE #	38 EMERGENCY CONTACT NAME	39 TITLE/RELATIONSHIP
33 DATE OF BIRTH		34 PHONE	40 EMERGENCY CONTACT PHONE		
35 EMAIL			41 EMERGENCY CONTACT EMAIL		
			Penalty (if applicable) _____ 7 Section F		
			Total (3 + 4 + 5 + 6 + 7) _____ 8		

**Email:** Scan a copy of the completed, signed form to businesslicense@cityofventura.ca.gov  
**By Mail:** City of Ventura, Business Tax Office, 501 Poli, Room 107, Ventura CA 93001 - Make checks payable to *City of Ventura*.  
**In Person:** Ventura City Hall, 501 Poli, Room 107, Ventura CA 93001. We accept VISA, MasterCard, or Discover if paid in person with proper identification.

I declare under penalty of perjury under the laws of the State of California, that the foregoing is true and correct and that I have read the entire form and understand the business owner responsibilities.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name and Title \_\_\_\_\_

**PLEASE REVIEW APPLICATION FOR ANY ERRORS. INCOMPLETE OR ILLEGIBLE APPLICATION WILL DELAY OUR ABILITY TO ISSUE YOUR BUSINESS LICENSE.**



**INSTRUCTIONS**

**A. HOW TO DETERMINE GROSS RECEIPTS/COST OF OPERATIONS**

If the business address is **INSIDE** the City of Ventura and they:

- Hold a business license in **only** City of Ventura: include all estimated gross receipts.
- Hold a business license in other city/cities: in order to reduce gross receipts by what was reported to the other city/cities you need to include proof of that business license.

If the business address is **OUTSIDE** the City of Ventura: Include all gross receipts estimated from business conducted within Ventura.

\***Contractors** cannot report less than \$75,000 without proof. \***Manufacturers** report all sales in California of products manufactured grown or processed, or fish or other sea life sold or processed in City.

**What are Gross Receipts?** Gross receipts are the total amounts received from all sources without subtracting any costs or expenses.

**Claiming Zero (\$0) Gross Receipts is not allowed.** If there will be no receipts in the first year of business, you are to claim the expected cost of operations for the year. Contact our office for help with determining cost of operations (expenses).

**B. TIER RATES BY TIER CLASSIFICATION**

TIER I	• <b>Retail</b> , Wholesale, Administrative Headquarters	<b>Gross Receipts (GR)</b>	<b>Tax Rate</b>
		\$0-\$5 million .....	11 cents per thousand (GR x .00011)
		Exceeding \$5 million .....	6 cents per thousand (GR x .00006)
TIER II	• <b>Services</b> , Contractors, Mfg, Professions, Recreation/ Entertainment, Rental of Non-Residential Property, Rental of four or more units of Residential Property	<b>Gross Receipts (GR)</b>	<b>Tax Rate</b>
		\$0-\$5 million .....	34 cents per thousand (GR x .00034)
		Exceeding \$5 million .....	17 cents per thousand (GR x .00017)
TIER III	• <b>Warehousing</b>	.....	½ cent/sq ft

**C. PRO-RATE BASE TAX**

In accordance with the provision of the City Ordinance No. 2002-10, businesses that commence operations between August 1 and June 30 of any tax year shall prorate the base tax rate of forty-five dollars (\$45) as follows:

July.....	\$45.00	October .....	\$33.75	January .....	\$22.50	April .....	\$11.25
August .....	\$41.25	November .....	\$30.00	February .....	\$18.75	May.....	\$ 7.50
September.....	\$37.50	December.....	\$26.25	March.....	\$15.00	June .....	\$ 3.75

**D. FIRE INSPECTION FEE**

Businesses located in a commercial or industrial zone are required to pay for a Fire Clearance Safety Inspection. If you have any question about whether this applies to your location or not, contact the Fire Prevention Division at 805-658-4717.

Less than 501 sq ft: \$105.00    501-1,000 sq ft: \$140.00    1,001-3,000 sq ft: \$210.00    Over 3,000 sq ft: \$385.00

**E. AB-1379 STATE FEE - STATE MANDATED DISABILITY ACCESS AND EDUCATION REVOLVING FUND (DAERF):**

On October 11, 2017 Governor Brown signed into law AB-1379 which adds a state fee of \$4.00 on any applicant for a business license.

**F. PENALTY:** Businesses operating more than 30 days prior to applying for its business license may be subject to penalties.

- Penalties are:
- 31 - 60 days, penalty is \$10 or 10% (whichever is greater)
  - 60 - 90 days, penalty is \$20 or 20% (whichever is greater)

If you have been operating for more than 3 months, please call our office to help calculate the amount due. 805-658-4715

**OTHER CONSIDERATIONS**

**INSPECTION OF BUSINESS RECORDS:** Business records for the current year and prior 3 years are to be maintained, and made available to the Business Tax Office upon request. This includes IRS Taxes, Profit and Loss Statements, business transactions including sales, receipts, purchases and other expenditures per Ordinance Sec. 4.155.320.

**OWNERSHIP RESPONSIBILITIES:** The business license is paid for the fiscal year July 1 through June 30. It is the business owner’s responsibility to renew and pay the business license tax each July 1 regardless of whether or not a renewal notice from the collector is received and to notify the license office immediately if there are any changes to the information submitted on this application form.

**ALCOHOLIC BEVERAGE ESTABLISHMENTS:** All businesses selling alcoholic beverages are subject to the City’s Alcoholic Beverage Establishment Use Permit. For more information and fee structure, contact the Alcohol Officer at 805-339-4453.

**STORMWATER QUALITY INSPECTION PERMIT:** Federal and State agencies require Ventura to implement a comprehensive program to keep our water clean and beaches safe. Automotive, food service and industrial facilities are to be inspected for their potential to contribute pollutants to the storm drain system. Invoices are issued annually. For more information contact Environmental Sustainability Division at 805-652-4582.

**FOR MORE INFORMATION AND/OR TO VIEW RELATED CITY ORDINANCES, GO TO THE CITY’S WEBSITE AT [WWW.CITYOFVENTURA.CA.GOV](http://WWW.CITYOFVENTURA.CA.GOV)**

In compliance with the Americans with Disabilities Act, this information is available in alternate formats by contacting the Business Tax Office at 805-658-4715 or by contacting the California Relay Service.