



PLEASE PRINT OR TYPE

**BUSINESS ACTIVITY INFORMATION**

LEGAL OWNER ENTITY NAME (OWNER NAME, CORPORATION NAME IF DIFFERENT FROM DBA)				FIRST DAY OF BUSINESS IN VENTURA	
FICTITIOUS BUSINESS NAME (DBA NAME USED TO IDENTIFY YOUR BUSINESS)				TYPE OF OWNERSHIP <input type="radio"/> SOLE <input type="radio"/> PARTNERSHIP <input type="radio"/> TRUST <input type="radio"/> LLC <input type="radio"/> CORPORATION <input type="radio"/> OTHER _____	
BUSINESS PHONE NO. ( ) ( )		OWNER/CORPORATION PHONE NO. ( ) ( )		SECONDARY PHONE NO. ( ) ( )	
STATE CERT/LICENSE NO.	EXP. DATE	FEDERAL ID NO.	STATE EMPLOYER ID NO.	BOARD OF EQUALIZATION (RESALE NO.)	NO. OF EMPLOYEES
BUSINESS DESCRIPTION					
BUSINESS LOCATION ADDRESS (CANNOT BE A P. O. BOX)				SQ. FT. (COMMERCIAL LOCATION)	
MAILING ADDRESS (WHERE YOU WANT US TO MAIL THE BUSINESS TAX CERTIFICATE OR OTHER CORRESPONDENCE)					
OWNER/CORPORATION ADDRESS (STREET NAME AND NO., SUITE NO., CITY, STATE, ZIP CODE)					
IF CORPORATION: NAME/ADDRESS TO RECEIVE LEGAL DOCUMENTS					

**CONTACT INFORMATION**

OWNER OR CORPORATE OFFICERS' NAME & TITLE (STATE CONTRACTOR, SEE BELOW) *	RELATIONSHIP TO COMPANY	SOCIAL SECURITY NO.	CA DRIVER'S LICENSE	DATE OF BIRTH
1)				
2)				
3)				
*STATE CONTRACTOR LICENSE NO.	CLASS TYPE (1)	CLASS TYPE (2)	CLASS TYPE (3)	
CONTACT E-MAIL ADDRESS				

**CHECK ALL THAT APPLY**

- |  |  |
|--|--|
| <input type="checkbox"/> HOME BASED BUSINESS (ZONING RESTRICTIONS APPLY) | <input type="checkbox"/> COMMERCIAL LOCATION (FIRE CLEARANCE INSPECTION IS REQUIRED) |
| <input type="checkbox"/> BUSINESS SELLS ALCOHOL (USE PERMIT IS REQUIRED) | <input type="checkbox"/> BUSINESS HAS ENTERTAINMENT (USE PERMIT IS REQUIRED)         |
| <input type="checkbox"/> USE OR STORE CHEMICAL OR HAZARDOUS MATERIALS    | <input type="checkbox"/> I AM NEW TO THE VENTURA BUSINESS COMMUNITY AND WOULD LIKE   |
| <input type="checkbox"/> OTHER _____                                     | ADDITIONAL INFORMATION ABOUT THE CITY AND OTHER LOCAL SERVICES                       |

**OWNER OR CORPORATE OFFICERS**

Sec. 4.155.230 requires that the business license application shall contain the Federal employer ID number, driver's license number and date of birth of all owners, partners, or officers of the corporation. Provide an additional sheet as necessary.

**OWNERS RESPONSIBILITIES**

It is the business owner's responsibility to notify the license office immediately, if there are any changes to the business license information submitted on this application to the city. Business license tax is paid for the fiscal year July 1 through June 30. It is the business owner's responsibility to renew the business license tax each fiscal year regardless of whether or not a renewal notice from the collector is received. Sec. 4.155.270.

**RIGHT TO PROTEST**

Pursuant to Section 4.155.710 of the SBMC, to challenge the validity of the tax amount or business classification, a written protest must accompany payment.

**PLEASE CALCULATE YOUR BUSINESS LICENSE TAX ON THE REVERSE SIDE OF THIS APPLICATION FORM.**



## BUSINESS LICENSE TAX CALCULATION

### A. GROSS RECEIPTS/COST OF OPERATIONS

The business license tax for retail or service businesses is calculated using estimated gross receipts from all business activity in the City of Ventura from the first day of business to the following June 30. If this business location does not generate income (i.e., administrative office), use Cost of Operations. **State Contractors** use a minimum of \$55,000.

### B. TIER RATES AND EXAMPLES

#### TIER 1 = 0.00011

- Retail, Wholesale, (use Gross Receipts)
- Administrative Headquarters (use cost of Operations)

Base tax PLUS

Gross receipts up to \$5 million ..... 11 cents per thousand

Gross receipts exceeding \$5 million .... 06 cents per thousand

Example: *Bookstore* estimating \$30,000 in gross receipts:  
 $30,000 \times 0.00011 = \$3.30$

#### TIER II = 0.00034

- Services, Contractors, Mfg, Professions, Non-City Franchised Public Utilities, Recreation/Entertainment, Rental of Non-Residential or Residential Property

Base tax PLUS

Gross receipts up to and

including \$5 million ..... 34 cents per thousand

Gross receipts exceeding \$5 million ... 17 cents per thousand

Example: *Gardener* estimating \$30,000 in gross receipts:  
 $30,000 \times 0.00034 = \$10.20$

#### TIER III

- Itinerant Merchants without Vendors.....\$25/day
- Swap Meet Operators and Operators of Productions, Shows or Events with Booths/Exhibits..... \$25/day + \$1 /day per vendor
- Swap Meet Operators with fixed place of business ..... \$400/year + \$1 /day per vendor
- Solicitor/ Peddler/Canvasser with no fixed place of business in the City and not operating on an annual basis ..... \$25/day or \$200/month
- Special Events .....\$150/day
- Film, TV, Movie Productions..... \$150/day
- Warehousing ..... ½ cent/sq ft

**Contact staff for assistance in  
calculating Tier III tax.**

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

#### TIER I & II TAX RATES AND APPORTIONMENT

_____ X	=	_____ +	=	_____
Estimated Gross Receipts* in Ventura (See "A" above)		Tier Rate (See "B" above)		Prorated Base Tax (See "C" above)
				Subtotal

**Businesses based outside the City**, Apportion tax (multiply by 80%) \_\_\_\_\_ X .80 = \_\_\_\_\_  
 (DOES NOT APPLY TO BUSINESSES BASED WITHIN THE CITY OF VENTURA) Subtotal from above Apportioned Tax Amount

**NEED ASSISTANCE** estimating gross receipts or calculating tax? Please call (805) 658-4715.

BUSINESS LICENSE TAX	ADMINISTRATIVE FEE	FIRE CLEARANCE INSP FEE	PENALTY	TOTAL
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#### MAKE CHECKS PAYABLE TO: CITY OF VENTURA

*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.*

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME AND TITLE \_\_\_\_\_

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