



**SCOTTS VALLEY BUSINESS LICENSE APPLICATION**  
**City of Scotts Valley**  
 Finance Department  
 One Civic Center Drive  
 Scotts Valley, CA 95066  
 831-440-5611 / FAX 831-438-2793

Date Rec'd: _____
Rec'd By: _____
_____
Rct #: _____
Amt Paid _____

**THIS LICENSE IS DUE AND PAYABLE JULY 1 OF EACH YEAR**

SOLELY FOR THE BENEFIT AND FOR THE INFORMATION OF THE APPLICANT A DELAY OF TWENTY WORKING DAYS SHALL OCCUR BETWEEN THE DATE OF APPLICATION AND ISSUANCE OF THE LICENSE FOR A NEW BUSINESS TO DETERMINE IF THE OPERATION OF THE BUSINESS IS ALLOWED WITHIN THE ZONING DISTRICT IN WHICH IT IS TO OPERATE. It is illegal to do business within the City Limits of Scotts Valley without a license. It is necessary to pay only for those employees who actually work in the City. APPLICATION AND ALL ATTACHED PAGES MUST BE COMPLETED. Application is subject to approval.

**WARNING NOTICE**

THE ISSUANCE OF A BUSINESS LICENSE DOES NOT ASSURE THAT THE BUSINESS CAN BE LEGALLY CONDUCTED WITHIN THE CITY. PRIOR TO APPLYING AND PAYING THE REQUIRED FEES, THE APPLICANT IS OBLIGATED TO ASSURE THAT THE OPERATION OF THE BUSINESS COMPLIES WITH ALL APPLICABLE FEDERAL, STATE AND LOCAL LAWS, INCLUDING BUT NOT LIMITED TO ZONING, BUILDING AND FIRE CODES. IF, FOLLOWING PAYMENT OF THE BUSINESS LICENSE FEE, IT IS DETERMINED BY CITY THAT APPLICABLE LAWS, RULES OR REGULATIONS PROHIBIT OPERATION OF THE BUSINESS IN THE AREA OF MANNER PROPOSED, THE FEE **SHALL NOT** BE REFUNDED. Initial: \_\_\_\_\_ Date: \_\_\_\_\_

**BUSINESS INFORMATION**

Business Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: ( ) \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Website: \_\_\_\_\_

**OWNER INFORMATION**

Owner Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: ( ) \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Drives License No. \_\_\_\_\_  
 Legal Status: (Check one)      Alarm System:  
 Sole Proprietor                       Yes     No  
 Partnership                          Firearm Sales:  
 Corporation                              Yes     No

**NATURE OF BUSINESS:**

\_\_\_\_\_

If your business requires a State License or Permit, you are required to complete the following pursuant to Ch. 9 Civ. 3 Sec. 7000 of the Business and Professional Code of the State of California.

License Type: \_\_\_\_\_ License No. \_\_\_\_\_ Health Permit No. \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Fictitious Name/Corp. No. \_\_\_\_\_ State Board of Equalization No. \_\_\_\_\_ Soc.Sec./FEIN \_\_\_\_\_

NON-REFUNDABLE APPLICATION FEE: <b>\$45.00</b>	<b>\$45.00</b>
FEE SCHEDULE-Scotts Valley Municipal Code, Section 5.04.390 BASE FEE: <b>\$50.00</b>	<b>50.00</b>
<u>PLUS</u> Average number of full-time equivalent employees working in the City @ <b>\$40.00</b> each. Include owner or owners who work for or manage said business (minimum of one required).	
<b>TOTAL DUE AND PAYABLE WITH THIS APPLICATION</b>	

**A PENALTY OF 10% PER MONTH IS DUE IF FEE IS NOT PAID BY JULY 31, OR COMMENCEMENT DATE OF BUSINESS.** It is the owner's responsibility to maintain a current license. The undersigned owner, principal officer of the corporation, or duly authorized represented of the applicant, under penalty of perjury, hereby certifies that he/she has read this application and fully understands the Limitations set forth therein and further certifies that the above statements and representations made by him/her are true and correct.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**DEPARTMENT NOTIFICATION OF BUSINESS LICENSE**

The firm whose name appears on the Application has applied for a City Business License. This must be reviewed by certain or all of the departments listed below. Please make your comments and return to the Business License Department as soon as possible. No license will be issued until all necessary approvals are received.

Please initial and date your review/approval/rejection, below.

<b>DEPARTMENT</b>	<b>DATE</b>	<b>APPROVAL</b>	<b>REJECTION - REASON</b>
PLANNING			
BUILDING			
POLICE			
FIRE			
WASTEWATER			
ENGINEERING			
OTHER			

Bus. # \_\_\_\_\_ Class# \_\_\_\_\_ Sic# \_\_\_\_\_