



CITY OF COSTA MESA

77 Fair Dr • Costa Mesa, CA 92626
P.O.Box 1200 • Costa Mesa, CA 92628-1200
Phone: (714) 754-5234 • Fax: (714) 754-5149 • www.costamesaca.gov

• FOR OFFICE USE ONLY •

Business License No. _____

BUSINESS LICENSE TAX APPLICATION

FEE MUST ACCOMPANY APPLICATION

Business Name/DBA _____

Corporate Name _____
(if applicable)

Business Location _____
(Cannot be Mail Box per State of California Business & Professions Code-Section 17538.5)

City _____ **State** _____ **Zip** _____ **Website** _____

Mailing Address _____ **Email Address** _____

City _____ **State** _____ **Zip** _____ **No. of Employees** _____ **No. of Rental Units** _____

Business Phone _____ **Hours of Operation:** _____

• Please Check One •

New Application

Change of Owner

Change of Ownership Type

Change of Business Name

Home Occupation

Costa Mesa Start Date _____	Description of Business: _____
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Ownership Corporation LLC Partnership Sole Proprietor LLP

Resale No. _____ **FEIN/SSN** _____ **ITIN/Other ID No.** _____ **State ID No.** _____

Contractor CA State License No. _____ **State Lic. Type / Class** _____ **Expire Date** _____

Enter below names of Owners, Partners, or Corporate Officers

Per AB 2184, you may protect your residential address by providing a different Service of Process address in accordance with Sections 16000.1(a)(2) and 16100.1(a)(2) of the Business and Professions Code. To do so, please fill out the section on the bottom of this form.

1st Owner Name _____ **Title** _____

Home Address _____
(Cannot be Mail Box) (Street, City, Zip Code)

Phone No. _____ **Date of Birth** _____ **Driver's License #** _____

2nd Owner Name _____ **Title** _____

Home Address _____
(Cannot be Mail Box) (Street, City, Zip Code)

Phone No. _____ **Date of Birth** _____ **Driver's License #** _____

FEE CALCULATION - PLEASE SEE REVERSE FOR FEE CALCULATION AND ENTER BELOW

Tax Calculated From Reverse	\$	_____
CASp Fee	\$	4.00
Total	\$	_____

Please return entire form with check payable to City of Costa Mesa.

Thank you for doing business in the City of Costa Mesa!

Your Business License Tax Certificate will be issued under the provisions of the Municipal Code Section 9-1. You are cautioned that this License does not permit operation of a business in violation of other Municipal Code Sections.

Authorization to conduct business is not granted until issuance of the License.

I declare, under penalty of perjury, that to the best of my knowledge and belief, the statements made herein are correct and true and that acceptance of payment does not constitute approval of the Business License.

Signature _____ Title _____ Date _____

Planning Approval _____ Date Approved _____ CUP? _____

SERVICE OF PROCESS ADDRESS, PURSUANT TO AB2184 - AVAILABLE FOR PUBLIC INSPECTION

If you wish to protect your residential address with a different service of process address, please provide it here.
NOTE - if your service of process address is a post office box or private mailbox, it must comply with paragraph(2) of subdivision (b) of Section 17538.5 of the California Business and Professions Code.

Service of Process Address _____

Residential Address to protect Business Location Mailing Address Owner/Partner/Officer Address

FEE CALCULATION • PLEASE SEE REVERSE



CITY OF COSTA MESA

BUSINESS TYPE - PLEASE SELECT ONE AND ENTER ON FIRST PAGE OF APPLICATION

BUSINESS NAME _____

<p>GENERAL BUSINESS</p> <p>(RETAIL, WHOLESALE, SERVICE, ETC.)</p> <p>ESTIMATED ANNUAL GROSS RECEIPTS _____ And circle the corresponding category below</p> <table style="width:100%; border: none;"> <tr> <td>\$</td><td>TO</td><td>\$</td><td>1,000.00</td><td>\$</td><td>0.00</td></tr> <tr> <td>\$</td><td>1,000.01 TO</td><td>\$</td><td>25,000.00</td><td>\$</td><td>25.00</td></tr> <tr> <td>\$</td><td>25,000.01 TO</td><td>\$</td><td>40,000.00</td><td>\$</td><td>35.00</td></tr> <tr> <td>\$</td><td>40,000.01 TO</td><td>\$</td><td>75,000.00</td><td>\$</td><td>45.00</td></tr> <tr> <td>\$</td><td>75,000.01 TO</td><td>\$</td><td>200,000.00</td><td>\$</td><td>60.00</td></tr> <tr> <td>\$</td><td>200,000.01 TO</td><td>\$</td><td>500,000.00</td><td>\$</td><td>100.00</td></tr> <tr> <td></td><td>OVER</td><td>\$</td><td>500,000.00</td><td>\$</td><td>200.00</td></tr> </table> <p>PLUS California State CASp Fee (see below)</p>	\$	TO	\$	1,000.00	\$	0.00	\$	1,000.01 TO	\$	25,000.00	\$	25.00	\$	25,000.01 TO	\$	40,000.00	\$	35.00	\$	40,000.01 TO	\$	75,000.00	\$	45.00	\$	75,000.01 TO	\$	200,000.00	\$	60.00	\$	200,000.01 TO	\$	500,000.00	\$	100.00		OVER	\$	500,000.00	\$	200.00	<p>ADMINISTRATIVE OFFICE / WAREHOUSES</p> <p>(Fees based on annual operating expense ONLY when no gross receipts are generated)</p> <p>ESTIMATED ANNUAL EXPENSES _____ And circle the corresponding category below</p> <table style="width:100%; border: none;"> <tr> <td>\$</td><td>TO</td><td>\$</td><td>1,000.00</td><td>\$</td><td>0.00</td></tr> <tr> <td>\$</td><td>1,000.01 TO</td><td>\$</td><td>25,000.00</td><td>\$</td><td>25.00</td></tr> <tr> <td>\$</td><td>25,000.01 TO</td><td>\$</td><td>40,000.00</td><td>\$</td><td>35.00</td></tr> <tr> <td>\$</td><td>40,000.01 TO</td><td>\$</td><td>75,000.00</td><td>\$</td><td>45.00</td></tr> <tr> <td>\$</td><td>75,000.01 TO</td><td>\$</td><td>200,000.00</td><td>\$</td><td>60.00</td></tr> <tr> <td>\$</td><td>200,000.01 TO</td><td>\$</td><td>500,000.00</td><td>\$</td><td>100.00</td></tr> <tr> <td></td><td>OVER</td><td>\$</td><td>500,000.00</td><td>\$</td><td>200.00</td></tr> </table> <p>PLUS California State CASp Fee (see below)</p>	\$	TO	\$	1,000.00	\$	0.00	\$	1,000.01 TO	\$	25,000.00	\$	25.00	\$	25,000.01 TO	\$	40,000.00	\$	35.00	\$	40,000.01 TO	\$	75,000.00	\$	45.00	\$	75,000.01 TO	\$	200,000.00	\$	60.00	\$	200,000.01 TO	\$	500,000.00	\$	100.00		OVER	\$	500,000.00	\$	200.00
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<p>SHOW / EXHIBITION / SWAP MEET</p> <p>PROMOTER'S ANNUAL GROSS RECEIPTS \$ _____</p> <p>PLUS # OF SELLERS @ \$5.00 EACH EQUALS TOTAL TAX DUE \$ _____</p> <p>PLUS California State CASp Fee (see below)</p>	<p>CALIFORNIA LICENSED CONTRACTOR</p> <p style="text-align: center;">\$50.00</p> <p style="text-align: center;">PLUS California State CASp Fee (see below)</p> <p>TAXI CABS</p> <p style="text-align: center;">\$50.00</p> <p style="text-align: center;">PLUS California State CASp Fee (see below)</p>																																																																																				
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<p>State Mandated Fee:</p> <p>*On September 19, 2012 Governor Brown signed into law SB-1186 which adds a state fee on any applicant for a local business license or similar instrument or permit, or renewal thereof. The purpose is to increase disability access and compliance with construction-related accessibility requirements and to develop educational resources for businesses in order to facilitate compliance with federal and state disability laws, as specified. As of January 1, 2018, AB 1379 increases this fee to \$4.</p> <p>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 buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:</p> <p style="text-align: center;">The Division of the State Architect at www.dgs.ca.gov/dsa The Department of Rehabilitation at www.dor.ca.gov The California Commission on Disability Access at www.cdda.ca.gov</p>																																																																																					
<p>SB 205: NPDES Storm Water Permit Requirements</p> <p>Are you a business that is a regulated industry with storm water discharge requirements in accordance with the SB205 NPDES permit program? If so, please provide the SIC # and Permit # below.</p> <p>SIC # _____ NPDES Permit # _____</p>																																																																																					