



# City of Emeryville

INCORPORATED 1896

1333 Park Avenue, Emeryville, CA 94608-3517  
t (510) 596-4300 | f (510) 658-8095  
Finance@emeryville.org

## **ANNUAL BUSINESS LICENSE RENEWAL PACKET – ADMINISTRATIVE EXPENSES**

November 23, 2020

Dear Business Owner/Operator:

Enclosed is your Annual Business License Tax courtesy notice and Tax Return package for 2021. Please complete the Business License Tax Return, Services Provider survey, and Stormwater Discharge Compliance form and return them with the required payment of taxes due to:

**City of Emeryville Finance Department  
PO Box 674  
Rodeo, CA 94572-0674**

Please make checks payable to the City of Emeryville.

**At the time of this printing The City Hall Administration Building and Old Town Hall remain closed to the public due to the Shelter in Place Order issued by the Alameda County Health Officer for the control of COVID-19. In-person services are suspended until further notice.**

### **Updating Information on Tax Return and New Business License Application**

It is important that you complete and/or make any corrections to the information preprinted on the Business License Tax Return provided in this package. Please "line out" incorrect information and print the correct information next to it. Businesses that have changed ownership must complete a new business application. The application is available on the City's website at: <http://www.emeryville.org> or may be requested by e-mailing [Finance@Emeryville.org](mailto:Finance@Emeryville.org) or calling 510-596-4325.

### **Business License Tax Rate & Calculation**

The administrative expenses business tax rate is 0.10% of the annual expenses for: Gross Payroll, Utilities, Telephone, Rent, and Depreciation (x .0010), **with a minimum annual tax of \$25.00 and a 2021 maximum tax of \$385,326.24. There is also a \$10.00 renewal fee and a \$4.00 State Mandated Disability Access Fee for a total minimum payment of \$39.00.** Business License Taxes are calculated based on the prior calendar year's gross administrative expenses. Therefore, the Business License issued for the year 2021 is based on 2020 operating results.

### **Due Date, Delinquency, Remittance Information**

**Business License Taxes are due January 1, 2021 and become delinquent after March 1, 2021.** Payments postmarked or received by the Finance Department after March 1, 2021 will be considered delinquent and subject to penalties and interest. The penalty rate is 5% per month with a maximum rate of 25% (5 months) of the tax amount. The interest on delinquent accounts is 1.5% per month on the total outstanding balance (tax + penalty) with no cap.

Please note we only accept checks for payment. Please submit the tax return and forms with your payment by either:

1. Post to the above P.O. Box address.
2. Deliver payment and forms (enclosed in an envelope) to our mail slot located at the City of Emeryville Old Town Hall doors at 1333 Park Avenue, Emeryville, CA 94608.

### **Additional Information**

Please note that the Emeryville Municipal Code is available on the City's website at: <http://www.emeryville.org>. If you have questions regarding the Business License renewal process or calculations of your Business License Tax due, please call the Business License Desk at (510) 596-4325 or email: [Finance@Emeryville.org](mailto:Finance@Emeryville.org).



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## 2021 ADMINISTRATIVE EXPENSES BUSINESS LICENSE TAX RETURN

Returns are due January 1, 2021 and delinquent if received or postmarked after March 1, 2021

BUS ID#  
NAME  
ADDRESS

NUMBER OF LOCATIONS IN EMERYVILLE: \_\_\_\_\_  
NUMBER OF EMPLOYEES IN EMERYVILLE: \_\_\_\_\_  
BUSINESS PHONE NUMBER: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
NAICS CODE: \_\_\_\_\_

### Line

A.) Gross Payroll:	\$ _____	Enter 2020 Gross Annual Payroll
B.) Utilities & Telephone:	\$ _____	Enter 2020 Gross Annual Utility/Telephone Expense
C.) Rents and Depreciation:	\$ _____	Enter 2020 Gross Annual Rents/Depreciation Expense
D.) Subtotal 1:	\$ _____	Sum of lines "A", "B" and "C"
E.) Tax Rate:	x .0010	
F.) Tax Due: <b>Min. Tax Due is \$25</b>	\$ _____	Multiply line "D" by line "E" (Minimum is \$25) <b>If the return is post marked after 03/01, Penalties are due.</b>
G.) Penalty (See Box 1 below):	\$ _____	
H.) Subtotal 2:	\$ _____	Sum of lines "F" and "G"(Tax due + Penalty) <b>If the return is post marked after 03/01, Interest is due.</b>
I.) Interest (See Box 2 below):	\$ _____	
J.) <b>Renewal Fee</b>	<b>\$10.00</b>	
K.) <b>State Mandated Disability Access &amp; Education Revolving Fund*</b>	<b>\$4.00</b>	
Total Due: _____		Sum of lines "H", "I", "J", "K"

\*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: The Division of the State Architect at <https://www.dgs.ca.gov/DSA>. The Department of Rehabilitation at <https://www.dor.ca.gov/>. The California Commission on Disability Access at <https://www.dgs.ca.gov/CCDA>.

Please make check payable to *City of Emeryville*  
Include the completed, signed tax return with your payment and remit to:  
City of Emeryville  
Finance Department  
P.O. Box 674  
Rodeo, CA 94572

Box 1- Penalty Calculation	Penalties are due if the return is post marked after March 1 <sup>st</sup> <b>Capped at 25% (EMC 3-1.116)</b>	
March 2 -March 31	5%	of Tax Due on line "F" above.
April 1 - April 30	10%	of Tax Due on line "F" above.
May 1 - May 31	15%	of Tax Due on line "F" above.
June 1 - June 30	20%	of Tax Due on line "F" above.
On or after July 1	25%	of Tax Due on line "F" above.

Box 2- Interest Calculation	Interest is due if the return is post marked after March 1 <sup>st</sup> <b>1.5% per month – no cap (EMC 3-1.119) *</b> <b>*Add 1.5% for each additional month</b>	
March 2 - March 31	1.50%	of Subtotal 2 on line "H" above.
April 1 - April 30	3.00%	of Subtotal 2 on line "H" above.
May 1 - May 31	4.50%	of Subtotal 2 on line "H" above.
June 1 - June 30	6.00%	of Subtotal 2 on line "H" above.
July 1 - July 31	7.50%	of Subtotal 2 on line "H" above.

I declare, under penalty of perjury, that to my knowledge all information contained in this statement/tax return is true and correct.

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

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete the Closure of Business Affidavit on backside if your company is no longer doing business in Emeryville.**

## CLOSURE OF BUSINESS

If the business is closed, please complete this section and return this form to the City of Emeryville Administration Building at 1333 Park Avenue, Emeryville, CA 94608 so we can update our records.

**BUS ID #** \_\_\_\_\_ **BUS NAME:** \_\_\_\_\_

Date Business Closed \_\_\_\_\_ Reason for Closure \_\_\_\_\_

**If moved from Emeryville, why?** \_\_\_\_\_

I declare, under penalty of perjury, that to my knowledge all information contained in this statement is true and correct.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**     Updated BL to "C" in Superior    Date Updated \_\_\_\_\_    Processed by \_\_\_\_\_



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## Service Provider Survey

Please fill out the names and addresses of the service providers that your business utilizes throughout the year.

**Property Manager:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Leasing Agent:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Security Service:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Alarm Company:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Vending/ATM Machines:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Parking Service:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Landscaping Service:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**HVAC Service:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Elevator Maint Service:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Window Cleaners:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Delivery Service:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Laundry/Linen Service :** \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Janitorial Service:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Uniform Service:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_



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## SB 205 Stormwater Discharge Compliance Form

Senate Bill (SB) 205, signed by Gov. Newsom in 2019, requires a person or entity who conducts a business operation that is a “regulated industry” to demonstrate enrollment with the NPDES permit program. By providing specified information on an initial or renewal City business license application, enrollment in the NPDES permit can be confirmed. The goal of the program is to address the health and safety of drinking water sources statewide.

SB 205 does not affect all businesses. Only those businesses with primary Standard Industrial Classification (SIC) codes that are identified by the State Water Board as requiring enrollment in the Industrial General Permit (IGP) are affected. The questions below will guide you and the City in determining if your business requires enrollment in the IGP. **Completion and submission of this form is required with your business license application/renewal.**

1	<b>What is the physical location/address of this business?</b> <b>Complete a separate SB205 Compliance Form for each physical location/address in Emeryville.</b>	
2	<b>What are the primary Standard Industrial Classification (SIC) codes for this business location?</b> Look up your SIC Codes here: <a href="https://www.osha.gov/pls/imis/sicsearch.html">https://www.osha.gov/pls/imis/sicsearch.html</a> and search by keyword(s) (for example: metal recycling) OR your insurance broker should also know your SIC code(s).	_____ _____ _____ _____
3	<b>Do any of the Primary SIC Codes from question #2 above match any of the regulated SIC codes listed on the Water Board website below?</b> <a href="https://www.waterboards.ca.gov/water_issues/programs/stormwater/sicnum.shtml">https://www.waterboards.ca.gov/water_issues/programs/stormwater/sicnum.shtml</a>	<u>Select One</u> Yes  No
4	<b>If you selected NO to Question #3, sign the back of the page and return this form with your business license renewal. Nothing more for SB205 is required of the business at this time.</b>	
5	<b>If you selected YES in Question #3, has the business already obtained an Industrial NPDES Permit?</b>	<u>Select One</u> Yes  No

<b>6</b>	<p><b>If you selected YES in Question #5, provide the requested information regarding the existing Industrial NPDES Permit. Sign the back of the page and return this form with your business license application/renewal. You are in compliance with SB205.</b></p>	WDID# _____ WDID Application # _____ NONA ID# _____ NEC ID# _____
<b>7</b>	<p><b>If you selected NO in Question #5, you need to enroll under the Stormwater Industrial General Permit (IGP) and provide the City with your permit numbers as described in Question #6 above.</b></p> <p>Sign and return this SB205 Compliance Form with your business license renewal now. Start the process of obtaining the Industrial General Permit by contacting the State or Regional Water Board at the information listed below. The City will issue you a 3-month provisional business license while you obtain the IGP and report the permit numbers to the City.</p>	

**Declaration**

I declare under penalty of perjury under the laws of California that the above information is true and correct to the best of my knowledge.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

For guidance on how to apply for coverage under the Stormwater Industrial General Permit, contact the State Water Board or local Regional Board.

**State Water Board Contact:**

Website: [www.waterboards.ca.gov/waterboards\\_map.html](http://www.waterboards.ca.gov/waterboards_map.html)

Email: [stormwater@waterboards.ca.gov](mailto:stormwater@waterboards.ca.gov)

Phone: 1-866-563-3107

**Region 2 San Francisco Bay - Oakland Office Contact:**

Website: <https://www.waterboards.ca.gov/sanfranciscobay/>

Email: [r2stormwater@waterboards.ca.gov](mailto:r2stormwater@waterboards.ca.gov)

Phone: 1-510-622-2300