



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 – COMMERCIAL LANDLORD

November 23, 2020

Dear Business Owner/Operator:

Enclosed is your Annual Business License Tax package for 2021. Please update and complete the Business License Tax Return, Tenant Listing, and Services Provider survey for **each property owned in the City of Emeryville** and return them with the required payment of taxes due to:

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

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. A copy of the application is available on the City's website at: <http://www.emeryville.org> or may be requested by e-mailing: Finance@Emeryville.org or calling 510-596-4325.

Business License Tax Rate & Calculation

The Commercial Landlord business tax rate is 0.35% of annual gross receipts (GR x .0035), **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 receipts. Therefore, the Business License issued for the year 2021 is based on 2020 gross receipts. ***The gross receipts from the sale of any Commercial Property within the City of Emeryville should also be included in the Total Gross Receipts.***

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

All enclosed forms must be completed. Current licenses will be held until these forms are completed.

Please note that the current Emeryville Municipal Code is available on the City's website at:

<http://www.emeryville.org>. If you have questions regarding the Municipal Code, 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.



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2021 COMMERCIAL LANDLORD 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: _____

PROPERTY ADDRESS:

Line

A.) Gross Receipts:	\$ _____	Enter gross receipts from previous year
B.) Tax Rate:	x .0035	
C.) Tax Due: Min. Tax Due is \$25	\$ _____	Multiply line "A" by line "B" If the return is postmarked after 03/01, Penalties are due.
D.) Penalty (See Box 1 below):	\$ _____	
E.) Subtotal:	\$ _____	Sum of lines "C" and "D" If the return is postmarked after 03/01, Interest is due.
F.) Interest (See Box 2 below):	\$ _____	
G.) Renewal Fee	\$10.00	
H.) State Mandated Disability Access & Education Revolving Fund*	\$4.00	
Total Due:	\$ _____	Sum of lines "E", "F", "G" & "H"

*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 st Capped at 25% (EMC 3-1.116)		
March 2 - March 31	5%	of Tax Due on line "C" above.	
April 1 - April 30	10%	of Tax Due on line "C" above.	
May 1 - May 31	15%	of Tax Due on line "C" above.	
June 1 - June 30	20%	of Tax Due on line "C" above.	
On or after July 1	25%	of Tax Due on line "C" above.	

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

BUS ID #: _____

NAME: _____

PROPERTY ADDRESS: _____

TENANT LIST:

Name or Business Name	Suite	Phone #	Contact Person	Move In Date

(For additional space photocopy as needed)

This information is required (EMC section 3-1.128 (d))

Signature: _____ Print Name: _____

Title: _____ Date: _____



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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: _____