City of Thousand Oaks

Finance Department

2100 Thousand Oaks Boulevard • Thousand Oaks, CA 91362
Phone 805/449.2200 • Fax 805/449.2250 • www.toaks.org

Please complete the application forms and either mail or fax them back to the Finance Department. Consult the fee schedule below to determine the total amount owing. If this is your first business license do not forget to include the one time application-processing fee. If you are renewing an existing license, include a renewal fee.

GROSS RECEIPTS FEE SCHEDULE

The business tax fee is for one calendar year. To determine the amount of the fee, find the amount of your actual gross receipts for the prior year and select the quarter in which the business started. If this is a new business, estimate 12 months of gross receipts.

Gross Receipts	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
$0 - $15,000	$20.00	$15.00	$10.00	$10.00
15,001 - 30,000	25.00	18.75	12.50	10.00
30,001 - 45,000	30.00	22.50	15.00	10.00
45,001 - 60,000	35.00	26.25	17.50	10.00
60,001 - 75,000	40.00	30.00	20.00	10.00
75,001 - 90,000	45.00	33.75	22.50	11.25
90,001 - 105,000	50.00	37.50	25.00	12.50
105,001 - 130,000	60.00	45.00	30.00	15.00
130,001 - 155,000	70.00	52.50	35.00	17.50
155,001 - 180,000	80.00	60.00	40.00	20.00
180,001 – 205,000	90.00	67.50	45.00	22.50
205,001 - 255,000	100.00	75.00	50.00	25.00
255,001 - 305,000	110.00	82.50	55.00	27.50
305,001 - 355,000	120.00	90.00	60.00	30.00
355,001 - 405,000	130.00	97.50	65.00	32.50
405,001 - 455,000	140.00	105.00	70.00	35.00
455,001 - 505,000	150.00	112.50	75.00	37.50
505,001 - 605,000	190.00	142.50	95.00	47.50
605,001 - 705,000	230.00	172.50	115.00	57.50
705,001 - 805,000	270.00	202.50	135.00	67.50
805,001 - 905,000	310.00	232.50	155.00	77.50
905,001 - 1,000,000	350.00	262.50	175.00	87.50
1,000,001 - 2,000,000	$350 + $.24 per thousand dollars of gross receipts in excess of $1,000,000			
2,000,001 - 3,000,000	$590 + $.20 per thousand dollars of gross receipts in excess of $2,000,000			
3,000,001 - 4,000,000	$790 + $.16 per thousand dollars of gross receipts in excess of $3,000,000			
4,000,001 - 5,000,000	$950 + $.12 per thousand dollars of gross receipts in excess of $4,000,000			
5,000,001 – Over	$1,070 + $.08 per thousand dollars of gross receipts in excess of $5,000,000			

Add processing fee: **$61.00*** - New Applicants **or $14.00*** - Renewing Existing Account.

* Includes State Mandated $1 fee per SB 1186-disabled access

Payment Instructions:

To pay by credit card (Visa or Master Card only), you may fax the completed application to (805) 449-2289. Please provide the credit card number and expiration date by calling (805) 449-2201.

Fee Worksheet

Business License Tax from schedule above:	$ _____
Certificate of Occupancy fee	$120.00
New or Renewal Processing Fee:	$ 61.00* or $14.00*
Total Fee:	**$** _____

* Includes State Mandated $1 fee per SB 1186-disabled access

Mailing Instructions:

Please make checks payable to the City of Thousand Oaks.
Mail To: City of Thousand Oaks
Finance Department - Business License
2100 Thousand Oaks Blvd.
Thousand Oaks, CA 91362

For any questions please call (805) 449-2201 during regular business hours Monday through Thursday 7:30 a.m. to 5:00 p.m. and alternating Fridays 8:00 a.m. to 5:00 p.m.

For Office Use Only
Location ID _____
☐ UPDATE ONLY

City of Thousand Oaks

BUSINESS TAX CERTIFICATE APPLICATION

PLEASE COMPLETE ALL FIELDS ON THIS FORM.

BUSINESS NAME | **DATE OPENED AT THIS LOCATION**

BUSINESS ADDRESS
(Physical Address Required) _____

CITY **STATE** **ZIP CODE**

A SUBSIDIARY OF (If Applicable)

MAILING ADDRESS _____

CITY **STATE** **ZIP CODE**

OWNERSHIP TYPE ☐ **Sole Owner** ☐ **Exempt**
☐ **Corporation / in what State**_____
☐ **Partnership** ☐ **Limited Liability Corp**

FEDERAL TAX ID | **BUSINESS EMAIL**
BUSINESS PHONE | **BUSINESS FAX**

OWNER/OFFICER NAME #1) _____ **TITLE**_____ **HOME PHONE**_____

ADDRESS_____ **CITY**_____ **STATE**_____ **ZIP CODE**_____

SOCIAL SECURITY # **DATE OF BIRTH** **DRIVERS LICENSE # / STATE**

OWNER/OFFICER NAME #2) _____ **TITLE**_____ **HOME PHONE**_____

ADDRESS_____ **CITY**_____ **STATE**_____ **ZIP CODE**_____

SOCIAL SECURITY # **DATE OF BIRTH** **DRIVERS LICENSE # / STATE**

DESCRIPTION OF BUSINESS ☐**Retail** ☐ **Wholesale** ☐ **Service** ☐ **Manufacturing** ☐ **Construction**
PLEASE DESCRIBE IN DETAIL:

CLASSIFICATION (Office Use Only)

GROSS RECEIPTS
12 Months Estimated/Actual

SALE OF FIREARMS ☐**Yes** ☐**No**

 # OF EMPLOYEES | **# OF VEHICLES** | **SQ. FOOTAGE** | **RESALE LICENSE #**

*****STATE CONTRACTOR LIC. NO.** _____ **CLASS**_____ **EXPIRATION** _____
*****COPY OF VALID STATE CONTRACTOR'S WALLET CARD REQUIRED*****

BUSINESS LOCATION ☐ **Home** ☐ **Office/Retail/Commercial Bldg.** ☐ **Industrial/Manufacturing** ☐**Out of City** ☐**Additional Location/Branch**

For Home Based Businesses Located Within the City of Thousand Oaks

A listing of business tax certificate holder's business name, business address, business telephone number, owner's name and type of business will be released upon request and payment of appropriate fees. Home-based business owners may elect to exclude their address and telephone number from this listing by indicating such preference in the space provided below.

If you wish to EXCLUDE your home-based business address or telephone number, check the appropriate box for exclusion

ADDRESS ☐
PHONE ☐

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT THE INFORMATION IS SUBJECT TO VERIFICATION.

SIGNATURE _____ **TITLE** _____ **DATE** _____

NO DOOR-TO-DOOR SOLICITATION WITHOUT VENDOR PERMIT

FOR OFFICE USE ONLY

CONTROL #_____ **PERMIT ACCT. #**_____ **LICENSE #** _____ **RECEIPT #**_____

STAFF SIG. _____

COMMENTS:

2100 Thousand Oaks Blvd., Thousand Oaks, CA 91362-2903 Telephone (805) 449-2201 FAX (805) 449-2289

City of Thousand Oaks
Community Development Department
2100 Thousand Oaks Boulevard • Thousand Oaks, CA 91362
Planning Division • Phone 805/449.2323 • Fax 805/449.2350 • www.toaks.org
Building Division • Phone 805/449.2500 • Fax 805/449.2575 • www.toaks.org

John C. Prescott
Community Development Director

CERTIFICATE OF OCCUPANCY APPLICATION

Submit this Application to Finance with your Business License Application

For submittal questions, call (805) 449-2201. For application status, call (805) 449-2500.

Business Name: _____

Business Owner: _____

Business Address (Include Suite): _____

City: _____ State: _____ ZIP: _____

Business Phone: (_____)_____ Other: (_____)_____

List products and/or services to be provided: _____

_____

Proposed Bldg. Use: _____ Date Business Opening: _____

Floor Area (Sq. Ft.): _____ Number of Employees: _____

Type of Equipment to be Used: _____

Is There Any Storage or Handling of Hazardous Materials? ☐ Yes ☐ No

If Yes, Give the Quantities and Nature of Use: _____

_____

I declare under penalty of perjury that the foregoing statements are true and correct to the best of my knowledge and understand that the information is subject to verification.

Signature: _____ Title: _____ Date: _____

FOR CITY USE ONLY				
Department	Date Received	Same Location/Address Change		Business License Control #:
Finance		Yes / No		
Department	Approved	Denied	Date	Remarks
Planning				
Assessor's Parcel #:				Use Zone:
Department	Approved	Denied	Date	Remarks
Building				
Occupancy Type:		Design Occ. Load:		Type of Construction: