

**CITY OF ANTIOCH  
BUSINESS LICENSE  
CHANGE FORM**



*(for current & active business license only)*

<b>DUE BY:</b>	BUSINESS #:
<b>EXPIRE DATE:</b>	CLASS CODE:
	SECURITY CODE:

**INSTRUCTIONS:**

This form is to be *completed when making changes on your BUSINESS NAME, MAILING ADDRESS, AND CONTACT INFORMATION ONLY*. A **\$30** application fee is required to process changes on your business license.

**THIS FORM IS CONSIDERED INCOMPLETE WITHOUT SIGNATURE AND DATE.**

1 CURRENT BUSINESS NAME		3 BUSINESS ADDRESS, PHYSICAL LOCATION (NO PO BOXES):	
2 NEW BUSINESS NAME			
4 CURRENT MAILING ADDRESS		5 NEW MAILING ADDRESS	
6 NEW CONTACT NAME AND ADDRESS		7 OWNER'S NAME & PHYSICAL ADDRESS (NO PO BOX, STATE REQUIREMENT)	
8 BUSINESS PHONE	9 FAX NUMBER	10 EMAIL ADDRESS	
11 BUSINESS DESCRIPTION			
12 OWNER'S PHONE #		13 CONTACT PHONE #	
14 OWNER'S EMAIL ADDRESS		15 CONTACT'S EMAIL ADDRESS	
16 OWNER TYPE (Sole Proprietorship, Partnership, CORP, Trust)		17 OWNER'S SSN	18 OWNER'S DRIVER'S LICENSE #
19 SELLER'S PERMIT# (COPY REQUIRED)		20 HOME OCCUPATION# (COPY REQUIRED)	
21 MASSAGE CERTIFICATION # (COPY REQUIRED)		22 MASSAGE CERTIFICATION EXPIRATION DATE	
23 FED ID#	24 STATE ID#	25 NUMBER OF VEHICLES (IF APPLICABLE)	26 NUMBER OF CARD TABLES (IF APPLICABLE)
27 APPLICATION FEE <b>\$30.00</b>		28 TOTAL AMOUNT DUE <b>\$30.00</b>	
OFFICE USE ONLY DATE: _____ RECEIPT#: _____		OFFICE USE ONLY PLANNING: _____ BLDG DEPT: _____ ZONING: _____	

*The undersigned, being authorized to make this Application, hereby declares to the best of his knowledge and belief that this is a true, correct, and complete information made pursuant to the Antioch Municipal Code. The undersigned also agrees to abide by all considerations and restrictions imposed under the Antioch Municipal Code. This business license does not authorize holder to engage in any business or profession for which other certificates or permits are required.*

*Boxes 1 through 7 are non-confidential information and may be made public.*

**Sign  
Here**

\_\_\_\_\_  
SIGNATURE (REQUIRED)

\_\_\_\_\_  
DATE (REQUIRED)

# BUSINESS LICENSE CALCULATION WORKSHEET CLASSIFICATION AND RATE SCHEDULE

**GROSS RECEIPTS:** Gross receipts include the total amount actually received from sales or service. If you were in business for the entire preceding calendar year, your current year tax is based on the prior year's receipts. If your business was not in operation 12 months prior to the time of application, use an estimate of a 12-month period. (Refer to City Ordinance § 3-1.201)

**PROFESSIONAL:** Option of flat rate of \$312.50 or gross receipts. (Refer to City Ordinance § 3-1.218)

**OTHER BUSINESS LICENSE TAX:** This category is used by the following: delivery trucks/wholesale sales, non-profit organizations and landlords.

**NEW BUSINESS OR CHANGES TO CURRENT BUSINESSES:** A \$30.00 application fee is due. (Refer to City Ordinance § 3-1.121B)

**OTHER BUSINESS LICENSE FEE:** This fee is to be paid in addition to business license tax and other mandatory pass thru fees.

## GROSS RECEIPTS TAX CALCULATION SCHEDULE

From:	To:	License Tax is:
\$0	\$1,000,000	\$1.25 per \$1000 - <b>\$100.00 minimum ALL BUSINESSES</b> except <i>non-professional</i> Home Occupation Use Permit (HOUP) businesses(see below)
\$1,000,000	and above	\$1,250 <u>PLUS</u> .20¢ per \$1000 in excess of \$1,000,000

## NON PROFESSIONAL HOME OCCUPATION USE PERMIT (HOUP)

\$0	\$1,000,000	\$1.25 per \$1000 - <b>\$25.00 minimum</b> for <i>non-professional</i> Home Occupation Use Permit (HOUP) businesses
\$1,000,000	and above	\$1,250 <u>PLUS</u> .20¢ per \$1000 in excess of \$1,000,000

## OTHER BUSINESS LICENSE TAX

Class Code	Description	Amount
3	Delivery Truck/Wholesale Sales	\$115.00
4	Non-Profit	\$0.00
HOUP	Home Occupation Use Permit (HOUP) <i>NON-PROFESSIONAL</i> businesses only	See tax schedule on left
LLSFD	Landlord-Residential Single Family dwelling- <u>per unit</u>	\$250.00
LLMFD	Landlord-Residential Multi Family dwelling- <u>per unit</u>	\$150.00

## GROSS RECEIPTS CALCULATION WORKSHEET

Gross Receipt Amount	License Tax
\$0.00 - \$1,000,000	_____
Over \$1,000,000	_____
Total =	_____

## OTHER BUSINESS LICENSE FEES

Class Code	Description	Amount
ST	Sticker fee per vehicle/taxicabs	\$5.00/vehicle
APP	Non-refundable application fee for new and delinquent business license ( <i>including non-profits</i> )	\$30.00

Example #1 (gross receipts under \$1,000,000) :

If your gross receipts are \$435,987.20, calculate as follows:  
\$435,987.20 / 1,000 x \$1.25 = \$544.98

Example #2 (gross receipts over \$1,000,000) :

If your gross receipts are \$1,375,123.56, calculate as follows:  
\$1,375,123.56 - \$1,000,000 = \$375,123.56; then,  
(375,123.56 / 1,000 x .20) + \$1,250.00 = **\$1,325.02**

## DELINQUENT PENALTIES , based on date received. (Refer to City Ordinance § 3-1.120D)

Period	Penalty Assessed
30 days after expiration date	10% of tax
60 days after expiration date	30% of tax plus \$30.00 reapplication fee
90 days after expiration date	50% of tax plus \$30.00 reapplication fee

***AVOID PENALTIES  
OF UP TO 50%  
FILE AND PAY ON TIME!***

*Box 19C: On September 19, 2012 Governor Brown signed into law SB 1186 effective January 1, 2013 until December 31, 2018 which adds a state fee of \$1 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 education resources for businesses in order to facilitate compliance with federal and state disability laws, as specified.*

*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 [www.dgs.ca.gov/dsa/Home.aspx](http://www.dgs.ca.gov/dsa/Home.aspx).  
• The California Commission on Disability Access at [www.ccca.ca.gov](http://www.ccca.ca.gov).

• The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov).