

**TOWN OF WOODSIDE
BUSINESS LICENSE RENEWAL**

**RETURN THIS FORM WITH FEE TO:
TOWN OF WOODSIDE
P.O. BOX 620005
2955 WOODSIDE ROAD
WOODSIDE, CA 94062
Phone # 650-851-6790**

Make changes in printed information where necessary - Please type or print

BUSINESS NAME _____

BUSINESS LOCATION _____

BUSINESS TELEPHONE _____

BUSINESS OWNER TELEPHONE _____

DATE BUSINESS STARTED IN WOODSIDE _____

E-MAIL ADDRESS _____

BUSINESS OWNER _____

BUSINESS OWNER ADDRESS _____

LICENSE CONTRACTORS DECLARATION (if applicable) I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code and that my license is in full force and effect.

CALIFORNIA CONTRACTOR'S LICENSE # _____ TYPE: _____ EXPIRATION: _____
(PLEASE ATTACH A COPY OF CA LICENSE IF RENEWING BY MAIL)

Business Description _____ Classification: _____ Rate: _____

MAILING INFORMATION :

I hereby affirm that I am not doing business in the Town of Woodside at this time. Please cease my business license

SIGNATURE _____

WORKERS' COMPENSATION DECLARATION - Please check the appropriate box.

I hereby affirm that I have and will maintain a certificate of consent to self-insure for workers' compensation for the performance of the work for which this permit is issued.

I hereby affirm that I have and will maintain workers' compensation insurance for the performance of the work for which this permit is issued.

Carrier: _____ Policy #: _____

I hereby certify that in the performance of work for which this license is issued I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that, if I should become subject to the provisions of Section 3700 or your license immediately becomes revoked.

This business license is for revenue purpose only. It must be renewed annually and the certificate must be posted in a conspicuous place. Licenses are not transferable due to any changes in ownership. **I declare under penalty of perjury that all information contained on this form is true and correct to the best of my knowledge.**

SIGNATURE _____ DATE _____

WE CANNOT PROCESS YOUR RENEWAL WITHOUT YOUR SIGNATURE

OFFICE USE ONLY

Received by _____ Date _____ Receipt # _____ Expires _____

BUSINESS LICENSE FEES

<i>Business Type</i>	<i>Annual License Tax</i>
General contractors	\$250 + \$4* = \$254
Subcontractors with one or more employees	\$150 + \$4* = \$154
Subcontractors with no employees	\$100 + \$4* = \$104
Retail with less than ten employees.	\$120 + \$4* = \$124
Retail with ten or more employees.	\$200 + \$4* = \$204
Professional occupations (doctors, lawyers, accountants, architects, realtors, engineers, insurance brokers, and related occupations)	
Per professional.	\$120 + \$4* = \$124
Maximum per year per business.	\$480 + \$4* = \$484
Daily businesses (persons or entities which do business in the Town less than 30 days per year, including auctioneers and solicitors), maximum per year.	\$180 + \$4* = \$184
Contractors or subcontractors doing work valued at less than \$10,000 and working on one project for a period not to exceed 30 days	\$25/job less than \$1,000 + \$4* = \$29 \$50/job \$1,000 or more + \$4* = \$54

*** State mandates a \$4.00 fee added to all new and renewed Business Licenses (SB1186).**

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 State Architect at: www.dgs.ca.gov/dsa/Home.aspx
- The Department of Rehabilitation at: <http://www.rehab.cahwnet.gov/>
- The California Commission of Disability Access at: www.cdda.ca.gov