



# City of Clearlake

14050 Olympic Drive, Clearlake, California 95422  
 (707) 994-8201 Fax (707) 995-2653  
 www.clearlake.ca.us

TO: BUSINESS OWNER

Please determine your appropriate category on the reverse side of this form and remit the amount due as specified. Please complete the information listed below and return with your remittance.

1. **GENERAL BUSINESS LICENSE ANNUAL FEES:**

# F.T.E. Employees	Base License Fee	Add 10% per Month Late	1 Mo. Late Penalty Total	2 Mo. Late Penalty Total	3 Mo. Late Penalty Total	4 Mo. Late Penalty Total	5 Mo. Late Penalty Total
0 through 1	\$74.00	\$7.40	81.40	88.80	96.20	103.60	111.00
1 through 5	\$94.00	\$9.40	103.40	112.80	122.20	131.60	141.00
5 through 10	\$124.00	\$12.40	136.40	148.80	161.20	173.60	186.00
10 through 25	\$154.00	\$15.40	169.40	184.80	200.20	215.60	231.00
25 through 50	\$204.00	\$20.40	224.40	244.80	265.20	285.60	306.00
Over 50 F.T.E	\$304.00	\$30.40	334.40	364.80	395.20	425.60	456.00

**F.T.E.= Full Time Employees**

**FORMULA FOR CALCULATING FULL TIME EQUIVALENT (F.T.E.)**

Total number of paid hours worked by all employees during the calendar year ending December 31 prior to the October licensing period divided by 2,080 hours.

2. **SECONDARY BUSINESS LICENSE:**

Secondary business license shall be one half of the general business license fee if you have more than one business in the City limits (i.e., general license \$74.00 plus \$35.00 for second business)

3. **SPECIAL CATEGORY BUSINESS LICENSE** annual fee shall be as follows:

- a) Beauty Shops \$74.00 plus \$5.00 for each booth
- b) Real Estate Broker \$74.00 plus \$5.00 for each agent and/or employee who was paid a commission for salary during the previous licensing year
- c) Flea Market \$74.00 plus \$5.00 for each permanent space

4. **SPECIAL EVENT BUSINESS** fee shall be \$79.00 per day.

Please determine your appropriate category and remit the amount due as specified. Renewal of business licenses for the period of October 1 through September 30 is due on or before **October 1 annually**. Failure to remit by **October 1, annually** will result in a penalty of 10% of the license fee for **each** month the license is delinquent. Penalty shall not exceed 50% of the license fee. Please complete the form on the reverse side and return along with your payment.

**If you are no longer doing business, please indicate the closing date, where applicable, and return to our office.** If you have any questions, please contact the City of Clearlake Finance Department, (707) 994-8201, Extension 340.

**PLEASE COMPLETE THIS FORM AND RETURN WITH YOUR PAYMENT  
MAKE CHECK PAYABLE TO CITY OF CLEARLAKE**

CITY USE ONLY: R/N _____  DATE PD _____  AMT PD _____
--

Current Business License No. \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Business Location: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ **OR** Federal ID # \_\_\_\_\_

Contractor's License #: \_\_\_\_\_ State Resale # \_\_\_\_\_  
(If applicable) (If applicable)

Worker's Comp. Policy #: \_\_\_\_\_ (if applicable)

Number of Employees: F/Time \_\_\_\_\_ P/Time \_\_\_\_\_ FTE: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Name of Secondary Business: \_\_\_\_\_ (if applicable)

**I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT THE FOREGOING IS  
TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
Signed Date

**IF BUSINESS IS CLOSED, INDICATE EFFECTIVE DATE:** \_\_\_\_\_

\_\_\_\_\_  
Signed Date