

BUSINESS LICENSE TAX AND BENEFIT ZONE "B" CHARGE CALCULATION

To calculate the appropriate amount due, complete the calculation section below. If you are renewing your license for a new year, the Benefit Zone your business is located in is indicated on the Application form, just above the red signature block, under the title "Type of Business". New businesses check with City Hall for the Benefit Zone your business is located in.

To determine the range your business falls within, calculate the number of employees as the actual number of employees on the payroll, rather than the equivalent number of full time employees. The total number claimed shall include the owner(s) of the business. If a business has no employees, and is thus operated by the owner(s), the total number of owner(s) shall be claimed.

The number of employees (including the owner(s)) for the annual fee shall be determined by the number of employees on the payroll for the period ended September 30th of the preceding year for which the fee is due.

Annual license taxes shall be due the first day of January of each year, and delinquent on January 31st.
POSTMARKS WILL NOT BE ACCEPTED.

<u>BUSINESS LICENSE FEE - ANNUAL FEES EFFECTIVE AS OF JULY 1ST</u>	<u>BENEFIT ZONE B</u>	<u>INDICATE AMOUNT DUE ON LINE BELOW</u>
1-3 Employees, including owner is	\$35.00 + \$25.00 = \$60.00	_____
4-12 Employees, including owner is	\$60.00 + \$25.00 = \$85.00	_____
13-20 Employees, including owner is	\$112.50 + \$25.00 = \$137.50	_____
21-35 Employees, including owner is	\$175.00 + \$25.00 = \$200.00	_____
36-50 Employees, including owner is	\$250.00 + \$25.00 = \$275.00	_____
51-75 Employees, including owner is	\$350.00 + \$25.00 = \$375.00	_____
76-99 Employees, including owner is	\$450.00 + \$25.00 = \$475.00	_____
100+ Employees, including owner is	\$750.00 + \$25.00 = \$775.00	_____

TOTAL BUSINESS LICENSE CHARGE DUE \$ _____

AFFIDAVIT: I hereby declare under penalty of perjury, that the reported information is true and correct to the best of my knowledge.

BUSINESS NAME: _____ SIGNATURE: _____

PLEASE RETURN THIS FORM WITH YOUR APPLICATION