



# CITY OF MILL VALLEY

## BUSINESS LICENSE APPLICATION

### FOR RESIDENTIAL LIVING ACCOMODATIONS ONLY

RETURN THIS FORM WITH APPLICATION FEE TO:

City of Mill Valley  
 Finance Dept.  
 26 Corte Madera Ave.  
 Mill Valley, CA 94941 (415)388-4033

**APPLICATION.** Annual business license fee is due and payable on July 1<sup>st</sup> and considered delinquent on August 1<sup>st</sup> of each year.

NEW BUSINESS       RENEWAL

BUSINESS NAME (Enter on line below)

BUSINESS LOCATION (Complete Address, City, State, Zip)

BUSINESS TELEPHONE

OWNER'S HOME PHONE

DATE BUSINESS STARTED IN MILL VALLEY

BUSINESS OWNER

BUSINESS OWNER'S EMAIL

HOME ADDRESS (Complete Address, City, State, Zip)

APPLICATION FOR

SOLE PROPRIETORSHIP     PARTNERSHIP (List al Partners below)     CORPORATION (List Officers and Titles below)     LIMITED LIBALITY COMPANY

NAME AND TITLE

ADDRESS

(AREA CODE) PHONE

NAME AND TITLE

ADDRESS

(AREA CODE) PHONE

NAME AND TITLE

ADDRESS

(AREA CODE) PHONE

RESALE NUMBER

STATE EMPLOYER ID NUMBER

FEDERAL EMPLOYER ID NUMBER

TYPE OF BUSINESS

LIVING ACCOMODATIONS

ADDRESS OF UNITS

NUMBER OF UNITS

DESCRIPTION OF ACCOMODATIONS (Example: House for Rent, Apartment Complex, Motel/Hotel, 2<sup>nd</sup> Unit)

#### CALCULATION OF BUSINESS LICENCE TAX

Number of Rental Units _____	\$15.00 (Per Unit)	\$
State Mandated Tax*	\$ 4.00	\$4.00
Delinquent Penalty	See Fee Schedule	
<b>TOTAL OWED</b>		<b>\$</b>

Delinquency Penalty Fee Schedule (if not a new business and paid after August 1 <sup>st</sup> )	
Aug 1 to Aug 31	10%
Sept 1 to Sept 30	20%
Oct 1 to Oct 31	30%
Nov 1 to Nov 30	40%
After Nov 30	50%

\* SB-1186 adds a state \$4 fee for business license applicants or renewal thereof. The purpose is to increase disability access and compliance with construction-related accessibility requirements and to develop education resources for business in order to facilitate compliance with federal and state disability laws, as specified.

For more information: Go to [http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=201120120SB1186](http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201120120SB1186)

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The City does not invoice    ♦    Please enclose payment    ♦    Be sure to complete entire application    ♦    Sign and date application

#### OFFICE USE ONLY

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Receipt No.: \_\_\_\_\_ EFT  Cash  Check  \_\_\_\_\_

CITY USE ONLY	HEALTH	BUILDING	FIRE	POLICE	PUBLIC WORKS
APPROVED BY					
DATE					