



City of Mill Valley, CA (9906) Business License Application

Business License Year Period July through June

Remit To: City of Mill Valley • c/o Avenu Insights & Analytics • 373 East Shaw Ave Box 367 • Fresno, CA 93710
Toll-Free Phone: (866) 240-3665 • Fax: (855) 219-4338 • Email: munibsupport@avenuinsights.com

Online filing: COMING SOON

NOTIFICATION: AREAS SHADED IN GRAY SHALL BE CONSIDERED PUBLIC INFORMATION PER THE CALIFORNIA PUBLIC RECORDS ACT AND CA. BUS. & PROF. CODE § 16000.1. If Applicant's business mailing address is a residential address, that address will be subject to public disclosure unless Applicant provides a different address (e.g. PO Box) where the Applicant consents to receive service of process. If a different mailing address is not provided, a residential address may be subject to public disclosure.

BUSINESS INFORMATION

****PLEASE PRINT INFORMATION AND COMPLETE ALL SECTIONS****

1. Indicate the business license year: _____ Application Date: _____ Date business started in Mill Valley: _____

2. **Business Name:** _____ **Business Phone No.:** _____
Required-appears on business license

3. **Mailing Address:** _____
Address _____ City _____ State _____ Zip Code _____

4. **Location of Business:** _____
Address – do not use P.O. Box _____ City _____ State _____ Zip Code _____

_____ Initial here if the business physical location address provided above IS NOT a residential address.
_____ Initial here if the business physical location site address provided above IS A RESIDENTIAL ADDRESS.

5. **Description of Business:** _____

6. **Contact Name/Title:** _____ **Contact Phone No.:** _____

7. **Contact Email:** _____ **Contact Fax:** _____

8. **Name of Business Owner or Corporation Name:** _____
Required-appears on business license

9. **Business Owner's Home or Corp. Address:** _____
Address _____ City _____ State _____ Zip Code _____

10. **Form of Ownership (Check One) Required:** Sole Proprietorship General Partnership Corporation LLC LLP Trust Non-Profit Other: _____

11. **Federal ID No.:** _____ **State Sales Tax No.:** _____ **State Contractor's Lic.:** _____

12. **NPDES Permit Program* – If you are enrolled in the NPDES permit program, provide any of the following, as issued by the State Water Resource Control Board:**
A. Waste Discharge ID No.: _____ B. Waste Discharge Application No.: _____
C. Notice of Nonapplicability No. (NONA): _____ D. No Exposure Certification No. (NEC): _____

13. List name of corporate president or partners, home phone #, driver's license #, SSN # and home address. Use additional sheets as needed:

Name _____ Home Phone _____ *Driver's License, SSN or other form of ID _____

Address _____ City _____ State _____ Zip _____

Name _____ Home Phone _____ *Driver's License, SSN or other form of ID _____

Address _____ City _____ State _____ Zip _____

*Pursuant to CA. Bus. & Prof. Code § 16000.1, you must provide one of the following forms of ID: SSN#, Valid CA DL, Valid CA ID or Taxpayer ID# issued by IRS.

13. Will you be using any Hazardous Materials in your business? _____

14. Will you be operating your business out of your home? _____ Note: Home Occupation Review fee will apply for new applicants only.

15. If yes, how many customers/clients do you anticipate will visit your home office per week? _____

****REQUIRED DEPARTMENTAL SIGNATURES****

Rec Department: _____ **Date** _____

Building Department: _____ **Date** _____

Fire Department: _____ **Date** _____

Planning Department: _____ **Date** _____

Police Department: _____ **Date** _____

Public Works: _____ **Date** _____

To be completed by the City of Mill Valley Business License Department Only:

BL Approved BL NOT Approved

Payment Method: Check Cash Credit Card
(If payment is collected, submit payment and/or receipt.)

No Additional Payment was Collected

Payment Forwarded to Avenu? Yes No

(Do not forward cash. Make check payable to "Tax Trust Account")

Form/Pymt Rec'd By: _____

Form/Pymt Rec'd Date: _____

**City of Mill Valley, CA (9906)
Business License Application**

Business Name: _____

Location of Commercial Property or Living Accommodations (House for Rent, Apartments, Motels, and other Units)

Commercial Rental Living Accommodations Number of Units: _____

Address of Units:

A. PLEASE CHECK THE APPROPRIATE BOXES

- Yes** **No** Are you renting Commercial Property to a Business? If yes, complete the shaded section below.
- Yes** **No** Do you pay rent for office, workstation, storage, etc. space? If yes, complete section B.
- Yes** **No** Will the business be conducted in your home? (Home Occupation form is required)

B. LIST THE NAME AND ADDRESS OF THE PERSON(S) FROM WHOM YOU RENT SPACE. (HOME, OFFICE, WORKSTATION)

CALCULATE THE LICENSE AMOUNT DUE

GENERAL BUSINESS (CLASS A, B, C) REPORT GROSS RECEIPTS FOR THE PRIOR CALENDAR YEAR

Applicants in business less than 12 months in the prior year shall compute gross receipts on an estimated 12-month basis.

(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
Schedule Number	Type of License / Description	SIC Code Required	Gross Receipts Required (If applicable)	Units Required (If applicable)	Flat/Base Tax	Additional Amount Due Based On Calculation	Business Tax Due	
			\$		\$	\$	\$	
			\$		\$	\$	\$	
			\$		\$	\$	\$	
Subtotal:								
Penalty (if applicable):								
Add 10%late filing fee if filed on or after March 1st (not to exceed 100% of license tax):								
CASp Mandatory Fee (SB1186 and AB1379):								\$ 4.00
Total Amount Due:								\$

Make check payable to Tax Trust Account

Proof of Certification and/or Permit: Your license may require you to submit proof of certification and/or permit with your payment. Failure to submit proof of certification/permit, pay your license in full, or report your gross receipts or units as required will result in a delay in the release of your license.

*****ALL APPLICANTS MUST READ AND SIGN THE SWORN STATEMENT BELOW*****

I HEREBY SWEAR UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I HEREBY SWEAR THAT THE AMOUNT OF CAPITAL INVESTED OR THE VALUE OF GOODS, STOCKS, FURNITURE, AND FIXTURES OR THE AMOUNT OF SALES OR RECEIPTS AS REQUIRED FOR DISCLOSURE IN ORDER TO OBTAIN A BUSINESS LICENSE HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND ISSUANCE OF A LICENSE DOES NOT PERMIT BUSINESS OPERATION UNLESS THE BUSINESS IS PROPERLY ZONED AND/OR IN COMPLIANCE WITH ALL APPLICABLE LAWS/RULES. *I ACKNOWLEDGE THAT WHATEVER ADDRESS HAS BEEN PROVIDED BY ME FOR THE PURPOSE OF THE LEGAL SERVICE PROCESS WILL BE SUBJECT TO PUBLIC DISCLOSURE.

Print Name: _____ **Title:** _____ **Signature:** _____

Business Name: _____ **Phone No.:** _____ **Email:** _____

Returned Check Disclaimer: Each returned item received by Avenu Insights & Analytics due to insufficient funds will be electronically represented to the presenters' bank no more than two times in an effort to obtain payment. Avenu Insights & Analytics is not responsible for any additional bank fees that will accrue due to the resubmission of the returned item. Please see the full returned check policy at www.avenuinsights.com.

ADDITIONAL INFORMATION

CASp: On September 19, 2012, Governor Brown signed Senate Bill 1186 (SB 1186) into law. SB 1186 is intended to increase disability access, encourage compliance with construction-related accessibility requirements, develop education resources for businesses, and facilitate compliance with Federal and State disability laws. From January 1, 2013, and until December 31, 2017, cities and counties were required to collect a State mandated fee of \$1.00 from "any applicant for a local business license or equivalent instrument or permit, and from any applicant for the renewal of a business license or equivalent instrument or permit." Assembly Bill 1379 was passed on October 11, 2017 which extends the assessment of the fee indefinitely and also increased the State mandated fee from \$1.00 to \$4.00 from January 1, 2018 until December 31, 2023. The City is required by law to inform you of the following: 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: <https://www.dgs.ca.gov/DSA>; The Department of Rehabilitation at: <https://www.dgs.ca.gov/>; The California Commission on Disability Access at: <https://www.dgs.ca.gov/CCDA>.

CALIFORNIA PUBLIC RECORDS ACT INFORMATION: <http://www.boe.ca.gov/info/publicrecords.htm>

CALIFORNIA BUS. & PROF. CODE § 16000.1: https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=BPC&division=7.&title=&part=1.&chapter=1.&article=

California SB205: On October 2, 2019, Governor Newsom signed Senate Bill 205 (SB205) into law. SB205 intends for businesses to demonstrate enrollment with the National Pollutant Discharge Elimination System (NPDES) permit program. You may obtain information about your legal obligations and how to comply with environmental laws at the following agencies: California Water Board: https://www.waterboards.ca.gov/water_issues/programs/npdes/; United States Environmental Protection Agency: <https://www.epa.gov/npdes>.

SIC codes can be found at: <https://www.naics.com/search/>.



CITY OF MILL VALLEY

TO WHOM IT MAY CONCERN:

I, the undersigned, doing business as _____

located at _____
in a Residential Zoning District, hereby declare that the proposed business will be conducted in accordance with the definition of a Home Occupation as defined in Section 20.60.250 of Title 20 of the Mill Valley Municipal Code more particularly described as follows:

“Home Occupation” is an accessory use of a dwelling unit for business activities permitted by the following:

- (1) The business shall be clearly incidental and secondary to the use of the dwelling for dwelling purposes.
- (2) The use is conducted entirely within a dwelling and is carried on exclusively by the inhabitants of the dwelling.
- (3) The use does not change the character of the dwelling or adversely affect the uses permitted in the residential district.
- (4) The use creates no additional traffic and requires no additional parking spaces.
- (5) No persons are employed other than that necessary for domestic purposes.
- (6) There is no indoor or outdoor use or storage of materials, equipment, or supplies, other than that necessary for domestic purposes.

Prohibited Home Occupations shall include, but are not limited to, clinics, barbershops, and cosmetology establishments.

Any violation of the above definition is subject to the penalties as defined in Section 8.70 of Title 8 of the Mill Valley Municipal Code.

Signed

Date