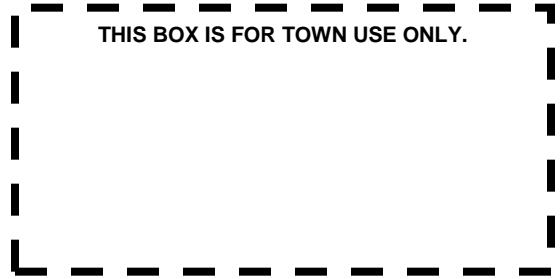




Town of Atherton, CA (9940) Business License Application

Remit To:
Avenu Insights & Analytics
RE: Town of Atherton Business Licensing
373 East Shaw Ave Box 367
Fresno, CA 93710

Toll Free Support: (866) 240-3665
Fax: (855) 219-4338
Email: MuniBLSupport@avenuinsights.com
Website: www.avenuinsights.com



***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.
CALIFORNIA PUBLIC RECORDS ACT INFO: <http://www.boe.ca.gov/info/publicrecords.htm>;
CALIFORNIA AB 2184: https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180AB2184

TYPE OF APPLICATION

- New Business License Application
Date Business/Project Started in Atherton: _____
- Renewal Application (previously licensed in Atherton)
Prev Lic Date: _____ Prev Lic #: _____
- Change of Physical Address
Date Moved: _____
- Name Change with FEIN change or Change of Ownership *with FEIN Change (Must complete both pages of application and submit payment.)*
- Business Name Change without FEIN change or Change of Ownership without FEIN change *(Complete page 1 of application. No fee.)* Activity Date: _____

BUSINESS INFORMATION

Legal Business Name: _____ **# of Employees:** _____

DBA (Doing Business As): _____

Business Phone: _____ **Alternate Phone:** _____ **Fax:** _____

Business Mailing Address: _____
(Address or PO Box—See guidelines at top of application in gray.) (City) (State) (Zip)

Business Physical Location or Job Site: _____
(Street-No PO Box) (City) (State) (Zip)

_____ *(initial)* The business physical location or job site address provided above IS NOT a residential address.

_____ *(initial)* The business physical location or job site address provided above IS A RESIDENTIAL ADDRESS.

Ownership Type: Sole Prop (Individual) General Partnership Corp LLC LLP Other _____

Please describe your business activity/type in detail: _____

Business email: _____ **Business website:** _____ **Resale #** _____

Primary Contact's Name: _____
(First Name) (Middle Initial) (Last Name)

Primary Contact's Address: _____
(Street-No PO Box) (City) (State) (Zip)

Primary Contact's Phone: _____ **Primary Contact's Email Address:** _____

Owner's Name: _____
(First Name) (Middle Initial) (Last Name)

Address: _____
(Street-No PO Box) (City) (State) (Zip)

_____ *(initial)* The owner's address provided above IS NOT a residential address.

_____ *(initial)* The owner's address provided above IS A RESIDENTIAL ADDRESS.

Owner's Phone: _____ **Owner's Email:** _____

FEIN: _____

Please provide a complete list of all vendors or sub-contractors that will be utilized on any projects in the Town of Atherton. Information period runs July 1st through June 30th annually. If additional space is needed, you may use include additional paper.

Name of Vendor or Sub-Contractor	Address	City	State	Zip



Avenu Account #: _____ Legal Business Name: _____

Town of Atherton, CA (9940)

Category 1: Business License Application

Avenu • RE: Town of Atherton Bus Lic • 373 East Shaw Ave Box 367 • Fresno, CA 93710

Toll Free Support: (866) 240-3665 • Fax: (855) 219-4338 • Email: MuniBLSupport@avenuinsights.com

SELECT ONE CATEGORY

GENERAL CONTRACTOR CLASS A OR B (Sole Proprietor) or General Contractor class A or B firms with 2 or more employees (Owner plus one or more employees). (internal code 1.00)

OTHER BUSINESS WITH 2 OR MORE EMPLOYEES (OWNER PLUS ONE OR MORE EMPLOYEES) Includes ALARM COMPANIES, PRIVATE PATROL, REAL ESTATE FIRMS, MAINTENANCE COMPANIES, JANITORIAL, PEST CONTROL, GARDENING/LANDSCAPING, TREE TRIMMING, POOL SERVICES, ETC. (internal code 1.01)

State Contractor's Lic# Required: _____

BUSINESS TAX WORKSHEET – COMPLETE ONLY ONE OF THE WORKSHEETS BELOW THAT CORRESPONDS WITH YOUR BUSINESS ACTIVITY IN THE TOWN.

FOR NEW BUSINESSES CONDUCTING ACTIVITY IN THE TOWN JULY THROUGH JUNE

Table with 7 rows for business tax calculation. Line 1: Enter the actual or estimated gross receipts... Line 2: Gross receipts multiplier (5%)... Line 3: Multiply the gross receipts amount on Line 1 by the rate (5%)... Line 4: Maximum tax amount... Line 5: Tax amount - Compare Line 3 to Line 4... Line 6: State Mandated Disability Access Education Fund (CASp Fee)... Line 7: Total Amount Due - Enter the amount on Line 5 + Line 6 here. If Line 5 is less than the minimum of \$50.00, then enter \$54.00 on this line.

Make check payable to: Tax Trust Account

FOR NEW FIRST-TIME BUSINESSES BEGINNING TO CONDUCT BUSINESS ACTIVITY IN THE TOWN FROM JANUARY THROUGH JUNE (Municipal Code Section 5.12.080(C))

Table with 7 rows for business tax calculation. Line 1: Enter the actual or estimated gross receipts... Line 2: Gross receipts multiplier (5%)... Line 3: Multiply the gross receipts amount on Line 1 by the rate (5%)... Line 4: Maximum tax amount... Line 5: Tax amount - Compare Line 3 to Line 4... Line 6: State Mandated Disability Access Education Fund (CASp Fee)... Line 7: Total Amount Due - Enter the amount on Line 5 + Line 6 here. If Line 5 is less than the minimum of \$50.00, then enter \$54.00 on this line.

SWORN STATEMENT

Make check payable to: Tax Trust Account

This is to acknowledge that I am the owner of the business declared above. I am paying the license fee for the license year referenced above. I acknowledge that the Town of Atherton's issuance of a business license and payment of business license tax do not entitle me/authorized representative to conduct any business in the Town that is in violation of any applicable laws. I further acknowledge that the Town of Atherton's issuance of a business license does not waive the Town of Atherton's right in any way to enforce compliance with applicable laws against me/authorized representative. I hereby certify, under penalty of perjury, that the information in this application is true, correct, and complete to the best of my knowledge and belief. I agree to comply with all applicable laws and ordinances regulating the operation of this business. *I acknowledge that whatever address has been provided by me for the purpose of legal service of process will be subject to public disclosure.

Signature of Business Owner/Authorized Representative Printed Name Title Date

CA SENATE FEE: 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 the State mandated fee from \$1.00 to \$4.00 from January 1, 2018 until December 31, 2023. The Town 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.dor.ca.gov; The California Commission on Disability Access at: https://www.dgs.ca.gov/CCDA. RETURNED CHECK DISCLAIMER: See policy at www.avenuinsights.com.