CITY OF MILL VALLEY

BUSINESS LICENSE APPLICATION

PLEASE TYPE OR PRINT

RETURN THIS FORM WITH TAX TO:
City of Mill Valley
Business License Dept.
26 Corte Madera Ave
Mill Valley, CA 94941
(415)388-4033

☐ NEW BUSINESS
☐ RENEWAL

BUSINESS NAME

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)

IS APPLICATION FOR ☐ SOLE PROPRIETORSHIP ☐ PARTNERSHIP (List all Partners) ☐ CORPORATION (List Officers and Titles) ☐ Limited Liability 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 I.D. NUMBER	FEDERAL EMPLOYER I.D. NUMBER	STATE CONTRACTORS NO.

TYPE OF BUSINESS (Give full description.)

RATE CLASSIFICATION ***TO CALCULATE YOUR TAX USE SECTION C ON REVERSE SIDE***

LOCATION OF COMMERCIAL PROPERTY OR LIVING ACCOMMODATIONS (HOUSE FOR RENT, APARTMENTS, MOTELS AND OTHER UNITS.)

COMMERCIAL RENTAL ☐ LIVING ACCOMMODATIONS ☐

ADDRESS OF UNITS	NUMBER OF UNITS

MAILING INFORMATION

NAME
ADDRESS

CITY, ST ZIP

A. PLEASE CHECK APPROPRIATE BOXES

YES	NO	
☐	☐	Are you renting Commercial Property to a Business? If yes, complete the shaded section at the bottom of the reverse side.
☐	☐	Do you pay rent for office, w ork station, storage, etc. space? If yes. complete section B below .
☐	☐	Will business be conducted in your home? (Home Occupation form required.)

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

_____

_____

*On September 19, 2012 Governor Brown signed into law SB-1186 which adds a state fee of $1 on any applicant for a local business license or similar instrument or permit, or renewal thereof. The purpose is to increase disability access and compliance with construction-related accessibility requirements and to develop educational resources for businesses in order to facilitate compliance with federal and state disability laws, as specified.

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 www.dgs.ca.gov/dsa/Home.aspx
- The Department of Rehabilitation at www.rehab.cahwnet.gov
- The California Commission on Disability Access at www.ccda.ca.gov

CALCULATION OF TAX

C. Find your Rate Classification on the front of this application. Enter requested data for the appropriate category only. Using the separate Fee Schedule, determine your tax and penalty, if any, and enter them on the appropriate lines in the section below.

GENERAL BUSINESS (CLASS A,B,C) REPORT GROSS RECEIPTS FOR PRIOR CALENDAR YEAR
Applicants in business less than 12 months in the prior year shall compute gross receipts on an estimated 12 month basis.

GROSS RECEIPTS $_____ TAX $ _____

DELIVERY VEHICLE
Vehicle Type:_____ Ton Capacity:_____ TAX $ _____

LIVING ACCOMMODATION
Unit Count:_____ TAX $ _____

OTHER LICENSES (Taxi, Comml, Filmg, Solicitors)
Number Count_____ TAX $ _____

ADMINISTRATIVE OFFICE
Number Employees:_____ TAX $ _____

*STATE MANDATED DISABILITY ACCESS & EDUCATION REVOLVING FUND ..... $ _____**1.00**

PENALTY ..... _____ $ _____

AMOUNT ENCLOSED ..... _____ $ _____

ANNUAL BUSINESS LICENSE TAX IS DUE AND PAYABLE ON JULY 1, AND CONSIDERED DELINQUENT ON AUGUST 1.

---DELINQUENCY PENALTY---

PAYMENT DATE	PENALTY
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%

* WE DO NOT INVOICE - PLEASE ENCLOSE PAYMENT * BE SURE TO COMPLETE ENTIRE APPLICATION * SIGN AND DATE APPLICATION BELOW *

AVOID PENALTIES - FILE PROMPTLY	ALL BUSINESSES ARE SUBJECT TO AUDIT

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

SIGNATURE: _____ DATED: _____

OFFICE USE ONLY

EFT ☐
Cash ☐
Check ☐ _____

Received by: _____ Date: _____ Amount: _____ Receipt No.: _____

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

CITY OF MILL VALLEY
HOME OCCUPATION DECLARATION

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