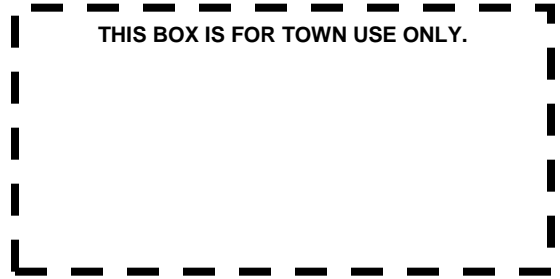




# Town of Atherton, CA (9940) Business License Application

**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](mailto:MuniBLSupport@avenuinsights.com)  
**Website:** [www.avenuinsights.com](http://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](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 1<sup>st</sup> through June 30<sup>th</sup> 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 3: 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

SOLE OPERATOR WITH NO EMPLOYEES

Includes Subcontractors (Class C), Real Estate Brokers, Maintenance Companies, Janitorial, Gardening/Landscaping, Pest Control, Tree Trimming, Pool Services, etc. (internal code 3.00)

HOME OCCUPATIONS (internal code 3.01)

Prior to commencing business for the first time, a separate Home Occupational Permit must be obtained from the Planning Department. The use of the residence must conform to the requirements outlined in Municipal Code Section 17.48.010.

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 (Gross receipts), Line 2 (Multiplier 5%), Line 3 (Tax amount), Line 4 (Maximum tax amount), Line 5 (Lower amount), Line 6 (Disability Fee), Line 7 (Total Amount Due).

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 (Gross receipts), Line 2 (Multiplier 5%), Line 3 (Tax amount), Line 4 (Maximum tax amount), Line 5 (Lower amount), Line 6 (Disability Fee), Line 7 (Total Amount Due).

Make check payable to: Tax Trust Account

SWORN STATEMENT

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.

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.