



Business License Application – Category 3

• Please complete pages 1 & 2 of this form •

BUSINESS SUMMARY INFORMATION

License period is based on a Fiscal Year (July 1st to June 30th)

Business Name: _____

Business Address: _____ Street _____ City _____ State _____ Zip Code _____

Business Telephone Number: () _____ Application Date: _____

Category 3 - Sole operators with no employees doing business in the Town of Atherton.
Includes: Subcontractors (Class C), **Home Occupations¹**, Real Estate Brokers, Maintenance Companies, Janitorial, Gardening/Landscaping, Pest Control, Tree Trimming, Pool Services, etc.
¹ 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 business activity conducted in the Town from July through June

Line 1.	Enter the actual or estimated gross receipts derived during the license year from business conducted or performed within the Town of Atherton in Box 1.	1.	
Line 2.	Gross Receipts Multiplier (5%).	2.	0.05
Line 3.	Multiply the gross receipts amount on Line 1 by the rate (5%) indicated on Line 2. Enter the results on this Line.	3.	
Line 4.	Maximum Tax Amount.	4.	\$100.00
Line 5.	Tax Amount – Compare Line 3 to Line 4. Enter the lower amount on this Line.	5.	
Line 6.	State Mandated Disability Access Education Fund ⁽¹⁾	6.	\$4.00
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. (Municipal Code Section 5.12.160B)	7.	

For business activity conducted in the Town from January through June

Line 1.	Enter the actual or estimated gross receipts derived during the license year from business conducted or performed within the Town of Atherton on Line 1.	1.	
Line 2.	Gross Receipts Multiplier (5%).	2.	0.05
Line 3.	Multiply the gross receipts amount on Line 1 by the rate (5%) indicated on Line 2. Enter the results on this Line.	3.	
Line 4.	Maximum Tax Amount.	4.	\$50.00
Line 5.	Tax Amount – Compare Line 3 to Line 4. Enter the lower amount on this Line.	5.	
Line 6.	State Mandated Disability Access Education Fund ⁽¹⁾	6.	\$4.00
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. (Municipal Code Section 5.12.160B)	7.	

CERTIFICATIONS

This is to acknowledge I am the owner of the business declared above. I understand that if I submit false information, it is a violation of the town ordinance and will be held responsible to the fullest extent.

Owner's Name _____

(Please Print)

Signature _____ Date _____

(1) 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.cdda.ca.gov.

Town of Atherton Declaration of Information

Please complete this form in its entirety as it applies to your business activity in the Town of Atherton. If you need any assistance completing this application, please contact a MuniServices Representative, Monday through Friday, 8:00am to 5:00pm Pacific Time at 800-987-0999.

Section 1. Variable Information

Business Name	Phone #	Fax #
Business Address	City	State Zip Code
Mailing Address (if Different)	City	State Zip Code
E Mail Address (optional)		
Owner Name	Phone #	
Owner Address	City	State Zip Code
SSN (Last 4 Digits) / FEIN (Federal Employer ID Number)	SEIN (State Employer ID Number)	
Contractor License # _____	State Resale License # _____	
Start Date of Business (In Atherton): _____		
Is this a New Business? <input type="checkbox"/> YES <input type="checkbox"/> NO	Home Based Business? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Number of Employees: _____	Business Type? <input type="checkbox"/> Corporation-Partnership-LLC <input type="checkbox"/> Sole Proprietor	
Description of Business: _____		

Section 2. Vendor / Sub-Contractor Information

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 from July 1st through June 30th annually

Name	Address	City	State	Zip

Section 3. Certifications

I certify under the penalty of perjury that the information in Sections 1 & 2 is accurate and correct to the best of my knowledge and belief.

Signature of person authorized to sign for firm Date