



**CITY OF SOUTH LAKE TAHOE BUSINESS AND PROFESSIONS TAX
NEW APPLICATION FORM**

Fiscal Year July 1, 2014 to June 30, 2015

If located within the city limits

you must submit an approved Zoning/Building Application form

BUSINESS NAME:

BUSINESS TYPE (Describe the exact nature of the business to be conducted):

BUSINESS PHYSICAL LOCATION:

BUSINESS PHONE:

BUSINESS EMAIL ADDRESS:

↓↓ **BUSINESS MAILING ADDRESS** ↓↓

NAME:

STREET/PO BOX:

CITY, STATE, ZIP:

STATE EMPLOYER ID # _____ FEDERAL EMPLOYER ID # _____

CALIFORNIA STATE SELLERS PERMIT # (REQUIRED FOR RETAIL SALES) _____

CALIFORNIA STATE LICENSE # AND CLASS _____

(REQUIRED FOR CONTRACTOR, MASSAGE THERAPIST, BARBERING AND COSMETOLOGY, PROFESSIONAL, ETC.)

**OFFICE USE ONLY
BUSINESS ID:**

TAX COMPUTATION

- 1. ESTIMATED GROSS RECEIPTS. **\$1,000 MINIMUM** 1. \$ _____
- 2. TAX RATE IS _____ PER \$1,000 OF TAXABLE GROSS BASED ON BUSINESS CLASSIFICATION
- 3. TOTAL TAX (LINE 1 DIVIDED BY 1000, MULTIPLIED BY RATE FROM LINE 2) 3. \$ _____
- 4. \$51.00 ADMINISTRATIVE + \$6.00 TECHNOLOGY FEE: 4. \$ 57.00
- 5. TOTAL BUSINESS AND PROFESSIONS TAX (ADD LINES 3 & 4) **\$20,000.00 MAXIMUM** 5. \$ _____
- 6. STATE MANDATED DISABILITY ACCESS AND EDUCATION FEE..... 6. \$ 1.00

*****SPECIAL FEE SECTION. SEE ABOVE FOR EXPLANATIONS AND EXAMPLES*****

**Ski Run Business Improvement District (SRBID) & Ski Run Frontage Fee Assessment
(applicable to business addresses between 1000 and 1236 Ski Run Blvd. and 3668 Lake Tahoe Blvd)**

- 7. 25% OF TOTAL TAX DUE (TOTAL FROM LINE 5 MULTIPLIED BY 0.25) 7. \$ _____
- 8. FRONTAGE FEE BASED ON LINEAR FOOT MEASUREMENT FROM ASSESSORS'S PARCEL MAP 8. \$ _____
- Multi-Family Dwelling Ordinance (MFD 6 or more units)**
- 9. \$56.00 TIMES NUMBER OF UNITS 9. \$ _____
- 10. TOTAL DUE (ADD LINES 5 THROUGH 9) 10. \$ _____

NOTICE TO ALL BUSINESS & PROFESSIONS TAX APPLICANTS

- Please be advised that in accordance with City Code Section 32-2, no use that is illegal under local, state, or federal law shall be allowed within the City of South Lake Tahoe.
- Pursuant to City Code Section 15-10 (A), the exact nature or kind of business for which a business certificate is requested must be furnished to the City of South Lake Tahoe.

"I will not be selling, distributing, or providing any illegal or controlled substance, including, but not limited to, marijuana, as to do so violates STLCC Section 32-2."

SIGNATURE _____ **TITLE** _____ **DATE** _____

I DECLARE UNDER PENALTY OF PERJURY THE INFORMATION CONTAINED ON THIS APPLICATION IS TRUE AND CORRECT

****SEE REVERSE SIDE FOR TAX COMPUTATION INSTRUCTIONS****

BUSINESS AND PROFESSIONS TAX COMPUTATION INSTRUCTIONS

FINANCE DEPT/REVENUE DIVISION 1901 AIRPORT RD SUITE 210, SOUTH LAKE TAHOE CA 96150-7048

FAX 530-542-6041 / PHONE 530-542-6012 / REVENUE@CITYOFSLT.US

NEW BUSINESS LICENSE APPLICANTS

Complete Business Name, Type of Business, Physical and Mailing Addresses, Phone Numbers, and ID Numbers if applicable. Complete Owner/Corporation Information. Complete Tax Computation.

Line #1. Estimated gross receipts: ESTIMATE your **gross receipts** for your business from your business start date to the end of the fiscal year – June 30. The business license fiscal year is July 1 to June 30. Round to the nearest \$1,000. **\$1,000 minimum.** This is your "Net Taxable Gross".

Line #2. Tax Rate: Determine your **tax rate** schedule by your type of business, as follows:
Schedule "A" (\$1.07 per thousand of gross); retail sales, restaurants, auto repair shops & print shops.
Schedule "B" (\$1.62 per thousand of gross); janitorial, motels, real estate, massage therapy, general contractors (with only class A or Class B Contractor's License-no Class C license), computer service, consulting (without a degree) and baby-sitting.
Schedule "C" (\$2.14 per thousand of gross); hairdressers, salons, taxi service, child care (State licensed for more than six children) and specialty building contractors (with Class C Contractor's license).
Schedule "D" (\$2.69 per thousand of gross); dentists, physicians, attorneys, civil engineers, optometrists, chiropractors, consultants (with degrees), and schools of instruction.
If your business is not shown, call (530) 542-6012 and a rate schedule will be assigned.

Line #3. Total Tax: Divide Line #1 by 1000, then multiply the result by the Tax Rate (Line #2).

Line #4. Administrative/Technology Fee: Cost recovery fee for administrative services and technology maintenance set by City Council. Include this amount in Line #5 (Total Business and Professions Tax Due).

Line #5. Total Business and Professions Tax: This is the amount of the tax and administrative/technology fee. **\$20,000.00 maximum.**

Line #7. Ski Run Business Improvement District Fee: 25% of total tax due (total from Line #5 multiplied by 0.25). Applies to those businesses on Ski Run Blvd. between US Hwy 50 and Pioneer Trail.

Line #8. SRBID Frontage Fee: \$2.00 Per Linear Foot of property fronting on Ski Run Blvd. Measurement from Assessor's Parcel Map.

Line #9. Multi-Family Dwelling Ordinance MFD: 6 or more units, \$56.00 per unit annually.

Line #10. Total Due: Add Lines 5 through 8. **This is the TOTAL Business and Professions Tax Due.**

Please note you are required to notify the Business License Department of any changes regarding your business information. All City business licenses expire on June 30th of each year. (Do not forget to sign the application.)

INCOMPLETE APPLICATIONS, FAILURE TO PAY SPECIAL ASSESSMENTS (SRBID, MFD), OR FAILURE TO SIGN WHERE INDICATED WILL DELAY THE ISSUANCE OF YOUR CERTIFICATE.

BUSINESS OWNER/CORPORATION INFORMATION

CHECK BOX INDICATING TYPE OF BUSINESS OWNERSHIP: OTHER: _____

SOLE PROPRIETORSHIP (COMPLETE SECTION 1) CORPORATION (COMPLETE SECTION 2) PARTNERSHIP (COMPLETE SECTION 2)
SECTION 1

NAME: _____ TITLE: _____

RESIDENCE ADDRESS: _____

CITY _____ ST _____ ZIP _____

RESIDENCE PHONE: _____ SOCIAL SECURITY # _____

DRIVERS LICENSE # _____

SECTION 2 - COMPLETE FOR ALL OFFICERS OR PARTNERS (SOCIAL SECURITY #S NOT REQUIRED IF FEIN PROVIDED)

CORPORATION/LLC/PARTNERSHIP NAME: _____

NAME: _____ TITLE: _____

RESIDENCE ADDRESS: _____

CITY _____ ST _____ ZIP _____

RESIDENCE PHONE: _____ SOCIAL SECURITY # _____

NAME: _____ TITLE: _____

RESIDENCE ADDRESS: _____

CITY _____ ST _____ ZIP _____

RESIDENCE PHONE: _____ SOCIAL SECURITY # _____

NAME: _____ TITLE: _____

RESIDENCE ADDRESS: _____

CITY _____ ST _____ ZIP _____

RESIDENCE PHONE: _____ SOCIAL SECURITY # _____