



**CITY OF SOUTH LAKE TAHOE BUSINESS AND PROFESSIONS TAX  
NEW APPLICATION FORM  
Fiscal Year July 1, 2015 to June 30, 2016  
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.)**

**TAX COMPUTATION**

1. ESTIMATED GROSS RECEIPTS. <b>\$1,000 MINIMUM</b> .....	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. \$58.00 ADMINISTRATIVE + \$6.00 TECHNOLOGY FEE: .....	4. \$	64.00
5. STATE MANDATED DISABILITY ACCESS AND EDUCATION FEE .....	5. \$	1.00
6. TOTAL BUSINESS AND PROFESSIONS TAX (ADD LINES 3+4+5) <b>\$20,001.00 MAXIMUM</b> .....	6. \$	_____

\*\*\*SPECIAL FEE SECTION\*\*\*

**Ski Run Business Improvement District (SRBID) & Ski Run Frontage Fee Assessment**

**(Business addresses 1000 - 1236 Ski Run Blvd & 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. \$80.00 TIMES NUMBER OF UNITS .....	9. \$	_____
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**Storm Water Inspection Fee per SLTCC § 7.15**

10. \$107.00 FOR COMMERCIAL AND \$134.00 FOR INDUSTRIAL .....	10. \$	_____
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11. TOTAL DUE (ADD LINES 6 THROUGH 10) .....	11. \$	_____
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**NOTICE TO ALL BUSINESS & PROFESSIONS TAX APPLICANTS**

- Please be advised that in accordance with City Code § 6.55.020, 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 § 3.35.130 (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 § 6.55.020."***

**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](mailto: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 or D 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 or D 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 and Technology Fee:** Cost recovery fee for administrative services and technology maintenance set by City Council.

**Line #6. Total Business and Professions Tax:** Add lines 3+4+5 **\$20,001.00 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, \$80.00 per unit annually.

**Line #10. Storm Water Inspection Fee per SLTCC § 7.15:** Call Jason Burke (530) 542-6038 with questions.

**Line #11. Total Due:** Add Lines 6 through 10. **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 30<sup>th</sup> of each year. (Do not forget to sign the application.)**

**INCOMPLETE APPLICATIONS, FAILURE TO PAY SPECIAL ASSESSMENTS (SRBID, MFD, STORM WATER), 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 # \_\_\_\_\_