



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

Fiscal Year July 1, 2017 to June 30, 2018

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 _____

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

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 1,000 THEN MULTIPLIED BY RATE FROM LINE 2)	3. \$	_____
4. \$60.00 ADMINISTRATIVE + \$6.00 TECHNOLOGY FEE:	4. \$	66.00
5. SUBTOTAL (ADD LINES 3+4) \$20,000 MAXIMUM	5. \$	_____
6. STATE MANDATED DISABILITY ACCESS AND EDUCATION FEE	6. \$	1.00
7. TOTAL BUSINESS AND PROFESSIONS TAX (ADD LINES 5+6) \$20,001 MAXIMUM	7. \$	_____

*****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)

8. 25% OF TOTAL TAX DUE (LINE 5 MULTIPLIED BY 0.25)	8. \$	_____
9. FRONTAGE FEE BASED ON LINEAR FOOT MEASUREMENT FROM ASSESSOR'S PARCEL MAP	9. \$	_____

Multi-Family Dwelling/Single Room Occupancy Ordinance (MFD/SRO)

10. MFD \$80.00 TIMES NUMBER OF UNITS (6 or more units)	10. \$	_____
11. SRO \$80.00 TIMES NUMBER OF SRO UNITS	11. \$	_____

Storm Water Inspection Fee per SLTCC § 7.15

12. \$212.00 FOR COMMERCIAL AND \$265.00 FOR INDUSTRIAL	12. \$	_____
13. TOTAL DUE (ADD LINES 7 THROUGH 12)	13. \$	_____

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 § 3.35.090 (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

NEW BUSINESS LICENSE APPLICANTS

Line #1. 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. Gross receipts are your income before expenses.

Line #2. 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. Divide Line 1 by 1000, then multiply the result by the Tax Rate from Line 2.

Line #4 & 6 are prefilled.

Line #5 & 7 are math.

Line #8. 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 with business addresses 1000-1236 Ski Run Blvd & 3668 Lake Tahoe Blvd.

Line #9. SRBID Frontage Fee: \$2.00 Per Linear Foot of property fronting on Ski Run Blvd. Measurement from Assessor's Parcel Map.

Line #10. Multi-Family Dwelling Ordinance MFD: Call Bill Potts 530-542-6023 with questions.

Line #11. Single Room Occupancy SRO: Call Bill Potts 530-542-6023 with questions.

Line #12. Storm Water Inspection Fee per SLTCC § 7.15: Call Jason Burke (530) 542-6038 with questions.

Line #13. Total Due: Add Lines 7 through 12. **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, SRO, 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 (ONLY FOR SOLE PROPRIETORSHIP)

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 # _____