



Town of Apple Valley

14955 Dale Evans Pkwy., Apple Valley, CA 92307

Attn: Business License/Account Clerk • (760) 240-7000 Ext. 7707

BUSINESS LICENSE TAX APPLICATION

Town of Apple Valley *OMITTED INFORMATION MAY CAUSE SIGNIFICANT DELAYS*

•PLEASE CHECK ONE•

- New Application
- Change of Owner
- Change of Location
- Home Occupation
- Reactivate

•OFFICE USE ONLY•

BUSINESS LICENSE NO.

FEES PAID \$ _____
 DATE PAID _____
 BUILDING _____
 PLANNING _____
 FIRE _____
 HEALTH _____
 POLICE _____
 FBN _____

Please Type or Print with Pen

Business Name: _____

Business Location: _____

(Cannot be P.O. Box for non-exempt businesses per State of California, Business & Professions Code-Section 17538.5)

Mailing Address: _____

Business Phone: () _____ **Business Fax:** () _____

Email Address: _____ **Website:** _____

Business description, including equipment & materials to be used or sold.

Ownership: Corporation LLC Partnership LP Sole Proprietor Non-Profit

State Licenses and Permits: Contractors, Licensed Professionals, and Sales Tax Permit Holders (please provide copy):

State License No. _____ **License Type.** _____ **Expiration.** _____

State Sales Tax Permit No. _____ Sales or use tax may apply to your business activities. You may seek written advice regarding the application of tax to your particular business by writing to the nearest State Board of Equalization Office. For general information please call the Board at (800) 400-7115.

Federal Tax ID No. _____ **State Tax ID No.** _____

Social Security No. _____ Must provide Federal Employer Identification Number or the business owners Social Security number per the State of California Revenue & Taxation Code-Section 19551.5 (3)

Information of Owners or Principal Officers; Photocopy of Applicants License or ID must be included with application.

Name _____ **Title** _____ **Drivers Lic. No.** _____

Residence _____ **Phone** () _____

(Cannot be P.O. Box) _____ **Cell Phone** () _____

Name _____ **Title** _____ **Drivers Lic. No.** _____

Residence _____ **Phone** () _____

(Cannot be P.O. Box) _____ **Cell Phone** () _____

In case of Emergency, please contact.

Name _____ **Title** _____ **Phone** () _____

Address _____ **Cell Phone** () _____

Alarm Company (if applicable)

Name _____ **License No.** _____

Address _____ **Phone** () _____

Property Owner Information (if different from applicant).

Name _____ **Title** _____ **Phone** () _____

Address _____

Please See Reverse for Conditions of Licensing and Fee Schedule

Note: Prior to the issuance of a business license and commencement of business within the Town of Apple Valley the following requirements must be met.

Businesses which operate from a residential location are required to secure a Home Occupation Permit (Apple Valley Development Code Chapter 9.19). Please visit our Planning Department for more information or call (760) 240-7000 Ext. 7200 for assistance.

If the building in which you are conducting business from is physically located within the Town of Apple Valley commercial zone, you must obtain a Certificate of Occupancy (Universal Building Code 1997, Section 109) which requires approvals from Planning, Fire, Health, and Building & Safety divisions. For further assistance, please visit our Building & Safety Department for more information or call (760) 240-7000 Ext. 7101.

The employer shall strictly comply with all federal, state, and local laws and regulations, including but not limited to the Immigration Reform and Control Act of 1986, codified at 8 U.S.C. §§ 1324a and 1324b (the "IRCA"), which require and ensure the hiring and retention of employees who are United States citizens, permanent residents and/or who are otherwise authorized by law to work in the United States of America, and, as required by the IRCA, shall affirmatively verify the identity and employment authorization of every employee as a condition of employment or continued employment.

I hereby acknowledge I have read and shall comply with the above stated requirement. I further understand that any violation of this agreement may subject this business license to revocation by the Town of Apple Valley.

Initials

LICENSE TAX SCHEDULE

NOTE: All Business License fees are non-refundable (Apple Valley Municipal Code §5.02.090).

DELINQUENT FEES: The Town of Apple Valley Municipal Code §5.02.150 requires a penalty for late renewal of 25% of the renewal fee, assessed on the first day of each month after the license expires, to a maximum of three (3) times the renewal fee.

To calculate fee due, please add together the total number of all Owners and the total number of all Employees, using schedule below, and enter the totals in the boxes below and sign.

Combine 01-05 Owners and Employees	=	\$ 51.00	No. of Owners	_____
Combine 06-10 Owners and Employees	=	\$ 76.00		
Combine 11-15 Owners and Employees	=	\$ 101.00	No. of Employees	_____
Combine 16-20 Owners and Employees	=	\$ 151.00		
Combine 21 + Owners and Employees	=	\$ 201.00	Total	_____

Enter & add together the total number of all owners and employees, then use the schedule provided above to calculate the fee due.

Massage Therapy (1 licensed individual)	\$ 116.82	Total of Tax Due	_____
<i>Must possess ABMP (certified) or NCTMB certification</i>			

Business license expires one year from the date of issuance. This license period is for the twelve months ending: _____

I declare under penalty of perjury under the laws of the State of California that the information contained in this application is true and correct, and that I have read and understand that any State and or other licenses are in full force and effect.

Signature of Owner or Representative: _____ Date: _____

**MAKE CHECK PAYABLE TO THE TOWN OF APPLE VALLEY AND RETURN TO
14955 DALE EVANS PKWY., APPLE VALLEY, CA 92307**