TOWN OF LOS ALTOS HILLS

26379 Fremont Road
Los Altos Hills, CA 94022
Phone: (650) 941-7222
Fax: (650) 941-3160
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2013 - Business License Application

Business Name_____

Owner of Business_____

Business Address_____
(No P.O. Boxes) Street Address City State Zip

Phone: (____)_____Fax: (____)_____Email:_____

State License #_____ Employer ID# or SSN:_____

Type of Business	Annual Tax
(Please Check One)	
_____General Contractor, Pool Contractor, Security Systems	$270.00
_____Subcontractor (1 owner with no employees); Type:_____	$130.00
_____ Subcontractor (owner(s) & employees); Type:_____	$170.00
_____Realtors (first broker) - $160.00; next 2 brokers and salespersons-$40.00 each; each additional broker or salesperson ($15.00 each)	*$_____
*See Fee Schedule for additional details.	
_____Architect and Landscape Architect	$135.00
_____ Engineers	$110.00
_____Service (e.g., gardeners, appliance repair, pest control, pool cleaning)	$ 60.00
_____ Home Occupation* - Please indicate type: _____	$110.00
_____Delivery truck (only delivering products)	$100.00
_____Keeping or stabling one or more horses (first two horses - $85.00; for the next 10 horses next 10 horses - $10.00 each; in excess of 12 horses - $5 each), totaling	$_____
_____Private school or board and care facility	$110.00
_____Any other business. Please describe: _____	$170.00

Signature:_____Date:_____
Sign and Print Name

*License is issued at ½ of annual rate for work performed between July 1st thru December 31st.

*Please Note: Home occupations are permitted in Town only where the use is entirely subordinate to the primary use of the premises as the family home. There shall be no retail sales on the premises, no advertising of any kind visible from off the premises, no evidence from off the premises of the business, no parking more than normally required for the residence, and no more than one assistant outside the family unit employed at the premises.

Payment Method:

◯ Check–Payable to "Town of Los Altos Hills" ◯ Visa ◯ Mastercard

Total Amount: _____

Name of Cardholder:_____Cardholder Signature: _____

Address of Cardholder:_____

Credit Card Number:_____3 Digit Security Code: _____Exp. Date:_____