

City of Atwater c/o MuniServices Attn: Business License Dept 438 East Shaw Ave Box 367 Fresno, CA 93710

Business License Online Filing Now Available <u>www.bizlicenseonline.com</u>

Business License Renewal -- City of Atwater, CA (9903)

For Licensing Year: July 1, – June 30,	Due: July 1st

MuniServices Account ID:

Taxpayer N	lame/Address:			Check here fo	or Mailing Address Change		
			If yo to ac licer	Check here for Physical Address Change If your physical address has changed, you will be subject to additional city approval, which could delay the release of your license. Please advise the date of the physical address change.			
			Nev	w Address			
Physical	Address:						
			City	/, State, ∠ip			
				_ Check h	ere if the business has close	d or no longer	
			5	doing business in the area.			
FEIN/SSN #:			Date	e closed or m	oved://		
	Business Classificat		Ma	ake Check Pa ail To:	yable to: Tax Trust Account MuniServices		
Description of Business:					Attn: Business Lice 438 East Shaw Av Fresno, CA 93710	ve Box 367	
license sche					amounts below, please rev (866) 240-3665. Online filing		
Column A	Column B	Column C	Column D	Column E	Column F	Column G	
Section Number	Type of License	Gross Receipts (If Required)	Unit Amount (Applies if fee is based upon a "number" of units)	Flat/Base Fee*	Additional Amount Due Based On Calculation	License Fee Due	
Verify all types of business conducted				*Please reference Section "H" below for calculation details. Add Column E & F enter total in column G then add down			
		CA Senate Bill #118	36 (Mandatory S	tate Fee, Ef	fective January 1, 2013)	\$ 1.00	
Add 15% late filing fee if filed on or after July 31st							
II Astro	al lufama d'a co	Fac Oakad Is to care			Total Amount Due:	\$	
	<u>IEDULE FOR TOTAL AN</u>	Fee Schedule for Cert	ification informatio	n			
BELIEF. I HERE BUSINESS LICE	BY SWEAR THAT THE AM NSE HAS BEEN EXAMINE	OUNT OF SALES OR RECE D BY ME AND TO THE BEST	IPTS OR NUMBER OF T OF MY KNOWLEDGE	UNITS AS REQU	AND CORRECT TO THE BEST OF MIRED FOR DISLOSURE IN ORDER RECT AND COMPLETE. I UNDERST COMPLIANCE WITH ALL APPLICA	TO OBTAIN A FAND ISSUANCE OF	
Signed:			Date:		_Title:		
Print Name	:	Te	elephone Numb	er:			