



# ATTENTION

If you are a business and applying for a **“NEW”** business license or have moved locations in the City of Larkspur, CA, you will need Permits and City Approval for this license. Please call the City of Larkspur at 415-927-5110 with any questions regarding a **“New”** or changed location business license application.

If you are “Renewing” your license and have questions, please call MuniServices at 866-240-3665 and we will be happy to assist you.

Any “New” business licenses or changes in physical location submitted to MuniServices will be provided to the City of Larkspur for approval before a license is issued.

## Online Filing is available at [www.bizlicenseonline.com](http://www.bizlicenseonline.com)

Free – Easy – Secure!  
ACH Debit and Credit Cards Accepted  
(Visa, Mastercard, Discover)

A 3% convenience fee applies only to Credit Card payments.

### To Remit Payment Online:

1. Go to [www.bizlicenseonline.com](http://www.bizlicenseonline.com).
2. Sign in.
  - Returning users should simply log on with the username/password that was created previously. Once logged in, click “File a new return.”
  - First time online users should click on “Sign Up: Business Account.” Complete the registration information, including creating a username/password. Store the username/password in a secure place.
3. Use the schedule numbers in the drop down to purchase your renewal. If there are any questions regarding the schedules, please see the fee schedule on our website at [www.revds.com](http://www.revds.com), or email us at [bizlicensesupport@muniservices.com](mailto:bizlicensesupport@muniservices.com), or call toll free at 866-240-3665.
4. Complete your return, enter your payment information and submit your filing.
5. Print your confirmation.
6. The official license will be mailed to you at the mailing address you have provided.

**Additional Information:** If you are not able to file online, please use the application below to renew your business license. Please make your check payable to **“Tax Trust Account”** and mail to MuniServices Business License Department, 438 E Shaw Ave #367, Fresno, CA 93710.

# City of Larkspur, CA (9910) Application for Business License



**Current License Year:** \_\_\_\_\_

**Purchasing different license year? Indicate year:** \_\_\_\_\_

**Renewals are due January 1<sup>st</sup> and delinquent February 1<sup>st</sup>.**

438 E Shaw Avenue #367 • Fresno, CA 93710 • Phone (866) 240-3665 • Fax (855) 219-4338  
 Email: [bizlicensesupport@muniservices.com](mailto:bizlicensesupport@muniservices.com)

**\*\*PLEASE PRINT INFORMATION AND COMPLETE ALL SECTIONS\*\***

In order to determine your business license tax rate for use in calculation of your business license fee, please see the City of Larkspur's Business License Fee Schedule on our website [here](#).

MuniServices Account No.: \_\_\_\_\_

1. Application Type: \_\_\_\_\_ Application Date: \_\_\_\_\_ Date Business Started in Larkspur: \_\_\_\_\_

2. Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Required-appears on business license

3. Location of Business: \_\_\_\_\_  
Address – do not use P.O. Box City State Zip Code

4. Description of Business: \_\_\_\_\_

5. Contact Name/Title: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

6. Contact Fax: \_\_\_\_\_ Contact Email: \_\_\_\_\_

7. Name of Business Owner or Corporation Name: \_\_\_\_\_  
(Required-appears on business license)

8. Business Owner's Home or Corp. Address: \_\_\_\_\_  
Address – do not use P.O. Box City State Zip Code

9. Mailing Address: \_\_\_\_\_  
Address City State Zip Code

10. Form of Ownership (Check One) Required: \_\_\_\_\_ Other: \_\_\_\_\_

11. Social Security #: \_\_\_\_\_ Federal ID #: \_\_\_\_\_ State Sales Tax #: \_\_\_\_\_  
Individual Corporation/Partnership

12. List name of corporate president or partners, home phone #s, driver's license #'s, SSN's# and home addresses. Use additional sheets as needed:

Name	Home Phone	Driver's License	SSN
Address		City	State Zip
Name	Home Phone	Driver's License	SSN
Address		City	State Zip
Name	Home Phone	Driver's License	SSN
Address		City	State Zip

13. Will you be using any Hazardous Materials in your business? \_\_\_\_\_

14. Will you be operating your business out of your home? \_\_\_\_\_

Note: Home Occupation Review fee will apply for new applicants only.

15. If yes, how many customers/clients do you anticipate will visit your home office per week? # \_\_\_\_\_

**Proof of Certification and/or Permit:** Your license may require you to submit proof of certification and/or permit with your payment. Failure to submit a proof of certification/permit, pay your license in full, or report your gross receipts as required will result in a delay of the release of your license.

**Contractor's License:** A contractor performing work in the City of Larkspur for a limited time, may purchase a business license for thirty dollars (\$30.00) for a period of four months. Every person engaged in the business of contracting must produce evidence that they hold a valid State Contractor's License before a business license will be issued under Larkspur Municipal Code.

**State Contractor's License #:** \_\_\_\_\_

**Class:** \_\_\_\_\_

(A) Section Number	(B) Type of License	(C) Gross Receipts- Please provide	(D) Unit Amount (Applies if fee is based upon a "number" of units)	(E) Flat/Base Fee*	(F) Additional Amount Due Based On Calculation	(G) License Fee Due
<b>Verify all types of business conducted</b>			<b>Add Column E &amp; F enter total in column G then add down</b>			

**Penalty/Interest/Total**

<b>Penalty and Interest Info: Add 10% late filing fee if filed on or after March 1st (not to exceed 100% of license fee)</b>	
CA Senate Bill 1186 (Mandatory State Fee)	4.00
Penalties (if applicable):	
<b>Total Amount Due (Add all License Fee Due Columns plus Penalty):</b>	

**\*\*\*\*ALL APPLICANTS MUST READ AND SIGN BELOW\*\*\*\***

I HEREBY SWEAR UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I HEREBY SWEAR THAT THE AMOUNT OF CAPITAL INVESTED OR VALUE OF GOODS, STOCKS, FURNITURE AND FIXTURES OR AMOUNT OF SALES OR RECEIPTS AS REQUIRED FOR DISCLOSURE IN ORDER TO OBTAIN A BUSINESS LICENSE HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND ISSUANCE OF LICENSE DOES NOT PERMIT BUSINESS OPERATION UNLESS BUSINESS IS PROPERLY ZONED AND/OR IN COMPLIANCE WITH ALL APPLICABLE LAWS/RULES.

**Print Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_ **Contact #:** \_\_\_\_\_

**CASp State Mandated Disability Access/ Education Fee:** On September 19, 2012, Governor Brown signed Senate Bill 1186 (SB 1186) into law. SB 1186 is intended to increase disability access, encourage compliance with construction-related accessibility requirements, develop education resources for businesses, and facilitate compliance with Federal and State disability laws. From January 1, 2013, and until December 31, 2017, cities and counties were required to collect a State mandated fee of \$1.00 from "any applicant for a local business license or equivalent instrument or permit, and from any applicant for the renewal of a business license or equivalent instrument or permit." Assembly Bill 1379 was passed on October 11, 2017 which extends the assessment of the fee indefinitely and also the State mandated fee from \$1.00 to \$4.00 from January 1, 2018 until December 31, 2023. The City is required by law to inform you of the following: Under Federal and State law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: The Division of the State Architect at: <http://www.dgs.ca.gov/dsa/Home.aspx>; The Department of Rehabilitation at: <http://www.rehab.cahwnet.gov/>; The California Commission on Disability Access at: <http://www.cdda.ca.gov>.

**Returned Check Disclaimer:** Effective July 1, 2010, each returned item received by MuniServices due to insufficient funds will be electronically represented to the presenters' bank no more than two times in an effort to obtain payment. MuniServices is not responsible for any additional bank fees that will accrue due to the resubmission of the returned item. Please see the full returned check policy at [www.revds.com/taxpayer/return-check-disclaimer](http://www.revds.com/taxpayer/return-check-disclaimer).

**\*\*REQUIRED DEPARTMENTAL SIGNATURES (if applicable)\*\***

**Planning Department:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Police Department:** \_\_\_\_\_ **Date** \_\_\_\_\_

<p><b><u>To be completed by the City of Larkspur Business License Department Only:</u></b></p> <p><b>Payment Method:</b> <i>(If payment is collected, please submit copy of payment and receipt.)</i></p> <p><input type="checkbox"/> Check   <input type="checkbox"/> Cash   <input type="checkbox"/> Credit Card</p> <p><input type="checkbox"/> No Additional Payment Collected</p> <p><b>Payment Method Forwarded to MuniServices?</b></p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p><b>If payment forwarded to MuniServices make check payable to "Tax Trust Account".</b></p> <p><b>Form/Pymt Rec'd By:</b> _____</p> <p><b>Date Form/Pymt Rec'd:</b> _____</p>
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