

Larkspur Massage Therapy Business License Application Information

Please be advised that under Chapter 5.24.010 of the Larkspur Municipal Code, you are required to have a valid City Business License. These are the procedures required to obtain a Massage Therapist Business License in the City of Larkspur.

You will need to complete the following Business License Application and submit the appropriate fee. The fee is \$37.50 for the first \$3,000.00 of estimated gross receipts and \$0.75 cents per each \$1,000.00 of estimated gross receipts after the initial \$3,000.00. Include the \$28.45 Home Occupation Review fee and complete the Home Occupation Questionnaire if you are planning to operate the business out of your residence.

All massage therapists who are not working under a licensed physician in a medical practice need to write a letter to the City Council. Please provide the following information:

- Do you plan to practice out of your home, go to clients' homes, or work as a contractor for a local professional office, salon or spa?
- What are the proposed hours and days of operation?
- What is the estimated number of clients you will see per day?
- Leave out any personal information (phone number, home address.)
- Include copies of any certificates that you have received.

Per California Business and Professions Code Section 4612(a)(1) and (a)(2), if a massage practitioner has been issued a State of California Massage Practitioner's Certification, he/she will not be required to submit a background check. Please include a copy of this certificate.

Please return the Business License Application, Home Occupation Questionnaire, fees, copies of any certificates, and letter to the City Council: City of Larkspur, Attn: Business License Department, 400 Magnolia Avenue, Larkspur, CA 94939.

If you do not have state certification, we will notify you to schedule a routine background check by the Central Marin Police Authority as required by our Municipal Code once we receive your application, fees, copies of any certificates and Council letter.

When the background check is complete, we will place the item on City Council agenda. Your presence at the Council meeting is not required. Following approval by the City Council, the actual business license is issued. Licenses are issued for the calendar year.

Please call (415) 927-5024 if you have any questions about your New Massage Therapy Business License.

Section Number: 112.00

Type of License: Massage Therapy

Estimate Gross Receipt --Place In Section C

Fee based on first \$3,000.00: \$37.50

Fee on balance of gross receipts: \$0.75 per \$1,000—Place in Section F

Add E (Flat Base Fee) and F (Additional Amount) and Place In Column G-License Fee Due.

Home Occupation Review: \$28.45 (One-time fee for new applicants only) **If applicable**

Section Number: 100.00

Type of License: Home Occupational Review Fee

Write in the fee of \$28.45 in Column E and G

Add Column G and indicate total in Total Amount Due.

Remember to include all forms and your letter with your application and payment.

*****ATTENTION*****

If you are a business and applying for a **“NEW”** business license 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”** 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 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

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

To Remit Payment Online:

1. Go to 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, or email us at 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

Year 01/01/20__ – 12/31/20__



438 E Shaw Avenue #367 • Fresno, CA 93710 • Phone (866) 240-3665 • Fax (205) 423-4097
 Email: bizlicensesupport@muniservices.com

****PLEASE PRINT INFORMATION AND COMPLETE ALL SECTIONS****
****PLEASE RETURN ORIGINAL WITH LICENSE FEES****

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.

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 at www.revds.com (Taxpayer, California, Taxpayer Forms, Keyword Search Larkspur).

Application Type (Required): Renewal New Business Name Change Owner Change

1. **Business Name:** _____ **Business Phone:** () _____
(Required-appears on business license) (Area Code)
2. **Application Date:** ____/____/____ **Date Business Started in Larkspur:** ____/____/____
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:** Sole Proprietorship Corporation LLC-Single Member LLC-Multi Member
 LLP (Limited Liability Partnership) General Partnership Governmental Agency Professional Association
 Other: _____
11. **Social Security #:** _____ **Federal ID #:** _____ **State Sales Tax #:** _____
(Individual) (Corporation/Partnership)
12. **List name of corporate president or names of partners, home phone #'s, driver's license #'s, SSN's# and home addresses. Please 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? Yes No
14. Will you be operating your business out of your home? Note: Home Occupation Review fee will apply for new applicants only. Yes No
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
Verify all types of business conducted			Add Column E & F enter total in column G then add down			
112.00	Massage Therapy			\$37.50		
Add 10% late filing fee per month if filed on or after February 1st (not to exceed 100% of license fee)						\$
Total Amount Due:						\$

Payment Options:

1. **File Online to pay using ACH Debit or Credit Cards (Visa, MasterCard, Discover)**

2. **Mail In Form:**

Make check payable to Tax Trust Account and remit to: MuniServices 438 E Shaw Avenue #367 Fresno, CA 93710)

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

Planning Department: _____ Date _____

Police Department: _____ Date _____

<p>To be completed by the City of Larkspur Business License Department Only:</p> <p>Payment Method: <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>Payment Method Forwarded to MuniServices?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If payment forwarded to MuniServices make check payable to "Tax Trust Account".</p> <p>Form/Pymt Rec'd By: _____</p> <p>Date Form/Pymt Rec'd: _____</p>

******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 and Title: _____ **Signature:** _____

Business Name: _____ **Contact #:** () _____

Returned Check Disclaimer: Effective July 1, 2010, each returned item received by MuniServices/RDS due to insufficient funds will be electronically represented to the presenters' bank no more than two times in an effort to obtain payment. MuniServices/RDS 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.