**Town of Atherton, CA *(9940)***

# 2023 Annual Business License Renewal-Category 2
# License Period: July 1, 2023 through June 30, 2024

**Delinquent Date:** Delinquent if paid on or after August 1, 2023

**Remit To: Avenu Insights & Analytics ● Atherton Business License Department ● 373 East Shaw Ave Box 367 ● Fresno, CA 93710**
**Toll Free Phone: (866) 240-3665 ● Fax: (855) 219-4338 ● Email: MuniBLSupport@avenuinsights.com**

**Avenu Account #:** _____
**Business Name:** _____
**DBA:** _____

## Section 1 – Address Confirmation

*NOTIFICATION: AREAS SHADED IN GRAY SHALL BE CONSIDERED PUBLIC INFORMATION PER THE CALIFORNIA PUBLIC RECORDS ACT AND CA. BUS. & PROF. CODE § 16000.1. If Applicant's business mailing address is a residential address, that address will be subject to public disclosure unless Applicant provides a different address (e.g. PO Box) where the Applicant consents to receive service of process.

**Mailing Location on File**:

_____

_____

***Provide alternate mailing address if needed per notification above:**

_____

_____

**Physical Location on File**:

_____

_____

☐ **Check here if the Physical Location on file is a RESIDENTIAL address**

## Section 2 – Confirm Classification

☐ **SUBCONTRACTORS (CLASS C) ONLY**
Firms with 2 or more employees (Owner plus one or more employees).
*(internal code 2.00)*

**State Contractor's Lic # Required:** _____

## Section 3 – Business License Calculation

| | | | |
|---|---|---|---|
| **Line 1** | Enter the actual gross receipts derived during the previous license year from business conducted or performed within the Town of Atherton in Box 1. | **1.** | **$** |
| **Line 2** | Gross receipts multiplier **(5%)** | **2.** | **0.05** |
| **Line 3** | Multiply the gross receipts amount on Line 1 by the rate **(5%)** indicated on Line 2. Enter the results on this line. | **3.** | **$** |
| **Line 4** | Maximum tax amount | **4.** | **$ 150.00** |
| **Line 5** | Tax amount – Compare Line 3 to Line 4. Enter the lower amount on this line. | **5.** | **$** |
| **Line 6** | State Mandated Disability Access Education Fund (CASp Fee) (IC 10.00) | **6.** | **$ 4.00** |
| **Line 7** | **Total Amount Due – Enter the amount on Line 5 + Line 6 here. If Line 5 is less than the minimum of $50.00, then enter $54.00 on this line.** (Municipal Code Section 5.12.160(B)) | **7.** | **$** |

Make check payable to: Tax Trust Account

## Section 4 – Sworn Statement

This is to acknowledge that I am the owner of the business declared above. I am paying the license fee for the license year referenced above. I acknowledge that the Town of Atherton's issuance of a business license and payment of business license tax do not entitle me/authorized representative to conduct any business in the Town that is in violation of any applicable laws. I further acknowledge that the Town of Atherton's issuance of a business license does not waive the Town of Atherton's right in any way to enforce compliance with applicable laws against me/authorized representative. I hereby certify, under penalty of perjury, that the information in this application is true, correct, and complete to the best of my knowledge and belief. I agree to comply with all applicable laws and ordinances regulating the operation of this business. *I acknowledge that whatever address has been provided by me for the purpose of legal service of process will be subject to public disclosure.

_____

*Signature* *Printed Name* *Title* *Date* *Phone*

**Returned Check Disclaimer:** Effective July 1, 2010, each returned item received by Avenu due to insufficient funds will be electronically represented to the presenters' bank no more than two times in an effort to obtain payment. Avenu is not responsible for any additional bank fees that will accrue due to the submission of the returned item. Please see the full returned check policy at www.avenuinsights.com.