



P. O. Box 1609
 Mammoth Lakes, California 93546
 (760) 934-8989 x245 • FAX (760) 934-3927

- Please Check One •
- NEW APPLICATION
 - CHANGE OF OWNER
 - CHANGE OF ADDRESS
 - CHANGE OF BUS NAME
 - HOME OCCUPATION

BUSINESS TAX CERTIFICATE APPLICATION

Business Name _____ Corporate Name _____ <small>(If Different)</small> Business Location _____ <small>(Not P. O. Box)</small> City _____ State _____ Zip _____ Bus. Phone () _____ Bus. Fax () _____ Mailing Address _____ <small>(If Different)</small> City _____ State _____ Zip _____	• OFFICIAL USE ONLY • BUSINESS TAX NO. _____ EXPIRATION DATE _____ SIC CODE _____ PENALTIES _____ BUSINESS TAX FEE \$ _____ CHECK# _____ <input type="checkbox"/> CASH
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Email Address _____

Start Date	Description of Business

Ownership: Corporation Ltd Liability Corp Sole Proprietor Partnership Trust Non-Profit Tax Exempt No. _____

State Lic. No. _____ **License Type** _____ **Expiration Date** _____

Resale No. _____ **Federal ID No.** _____ **Contractor's No.** _____

PERSONAL INFORMATION - Enter below names of Owners, Partners, or Corporate Officers - Use Additional Sheets as necessary

Owner Name _____	Title _____	Phone () _____
Home Address _____	City _____ State _____ Zip _____	Cell Phone () _____
		Social Security No. _____
Owner Name _____	Title _____	Phone () _____
Home Address _____	City _____ State _____ Zip _____	Cell Phone () _____
		Social Security No. _____

Emergency Notification - In case of an emergency and I cannot be reached, please call:

Name _____ Title _____ Phone () _____

Address _____ City _____ State _____ Zip _____

Cell Phone () _____

Alarm System (if applicable)

Name _____ Phone () _____

Address _____ License No. _____

PLEASE FILL IN THE APPROPRIATE BOXES BELOW AND SIGN

APPLICANT MUST WITHIN FIVE (5) DAYS THEREAFTER NOTIFY THIS OFFICE IN WRITING OF ANY CHANGE IN ANY FACTS REQUIRED BY THIS APPLICATION.

I declare, under penalty of perjury, that this application has been examined by me and to the best of my knowledge and belief is a true, correct and complete statement of facts.

Signature

Print Name

Title

Date

*Thank you for doing business in the
Town of Mammoth Lakes*

	No. of Units <input style="width: 80px;" type="text"/>
Estimated Gross Receipts for the 12 month period	\$ <input style="width: 150px;" type="text"/>
Business Tax Fee	\$ <input style="width: 150px;" type="text"/>
Application Fee	\$ <input style="width: 80px; text-align: center; value: 65.00;" type="text"/>
Home Occupancy Fee (\$30.00 if applicable)	\$ <input style="width: 150px;" type="text"/>
Other Fees (Planning Review \$5.00 if applicable)	\$ <input style="width: 150px;" type="text"/>
TOTAL AMOUNT DUE	\$ <input style="width: 150px; border: 2px solid black;" type="text"/>

PLEASE MAKE CHECK PAYABLE TO THE TOWN OF MAMMOTH LAKES

Select your type of business from the Business Tax Schedule below and enter here _____.
 Do you file your California Business Income Tax returns on a calendar year basis Yes NO
 If No, please give fiscal year dates from _____ to _____

Line 1: Enter your estimated gross receipts for a 12 month period commencing with the first day of business. \$ 1.

Determine your tax schedule from the tables below, check the box by the range into which your gross receipt falls.

Line 2: Enter the amount from the same line in Column (a) on the table you selected. 2.

Line 3: Subtract Line 2 from Line 1. 3.

Line 4: Enter the amount from Column (b) of that Line. 4.

Line 5: Multiply Line 3 by Line 4. 5.

Line 6: Enter the amount in Column (c) of that Line. 6.

Line 7: Add Line 5 and Line 6. 7.

Line 8: **BUSINESS TAX FEE CALCULATION** \$ 8.

Please transfer the total from the Business Tax Fee Calculations to the front side of this application.

SCHEDULE A - RETAIL

	a	b	c
<input type="checkbox"/> \$ 0 to \$ 4,999.99			-0- No Fees Due
<input type="checkbox"/> \$ 5,000 to \$ 25,000.00			\$ 50.00
<input type="checkbox"/> \$ 25,001 to \$200,000.00	25,000	.0010	\$ 50.00
<input type="checkbox"/> \$200,001 to \$500,000.00	200,000	.0005	\$225.00
<input type="checkbox"/> \$500,001 and over	500,000	.00025	\$375.00

SCHEDULE B - SERVICE BUSINESS

	a	b	c
<input type="checkbox"/> \$ 0 to \$ 4,999.99			-0- No Fees Due
<input type="checkbox"/> \$ 5,000 to \$ 25,000.00			\$ 50.00
<input type="checkbox"/> \$ 25,001 to \$100,000.00	25,000	.001	\$ 50.00
<input type="checkbox"/> \$100,001 to \$500,000.00	100,000	.0005	\$125.00
<input type="checkbox"/> \$500,001 and over	500,000	.00025	\$325.00

SCHEDULE C - ENTERTAINMENT, AND OTHER RECREATION

	a	b	c
<input type="checkbox"/> \$ 0 to \$ 4,999.99			-0- No Fees Due
<input type="checkbox"/> \$ 5,000 to \$ 25,000.00			\$ 50.00
<input type="checkbox"/> \$ 25,001 to \$100,000.00	25,000	.001	\$ 50.00
<input type="checkbox"/> \$100,001 to \$250,000.00	100,000	.00075	\$125.00
<input type="checkbox"/> \$250,001 to \$500,000.00	250,000	.0005	\$240.00
<input type="checkbox"/> \$500,001 and over	500,000	.00025	\$365.00

SCHEDULE D - PROFESSIONAL

	a	b	c
<input type="checkbox"/> \$ 0 to \$ 4,999.99			-0- No Fees Due
<input type="checkbox"/> \$ 5,000 to \$ 25,000.00			\$ 75.00
<input type="checkbox"/> \$ 25,001 to \$200,000.00	25,000	.0015	\$ 75.00
<input type="checkbox"/> \$200,001 to \$500,000.00	200,000	.00075	\$337.50
<input type="checkbox"/> \$500,001 and over	500,000	.000375	\$550.00

SCHEDULE G - COMMUNICATIONS, NEWSPAPERS, MAGAZINES, RADIO, T.V. AND TELEPHONE SERVICES

	a	b	c
<input type="checkbox"/> \$ 0 to \$ 4,999.99			-0- No Fees Due
<input type="checkbox"/> \$ 5,000 to \$ 25,000.00			\$ 50.00
<input type="checkbox"/> \$ 25,001 to \$10,000,000.00	25,000	.0001	\$ 50.00
<input type="checkbox"/> \$10,000,001 and over	10,000,000	.00005	\$1,050.00

SCHEDULE H - VENDING MACHINES

	a	b	c
<input type="checkbox"/> \$ 0 to \$ 4,999.99			-0- No Fees Due
<input type="checkbox"/> \$ 5,000 to \$ 25,000.00			\$ 10.00
<input type="checkbox"/> \$ 25,001 and over	25,000	.0005	\$ 10.00

PER UNIT CALCULATION

Transfer your per unit calculation to the front side of this application.

SCHEDULE E - HOTELS, MOTELS, LODGES, INNS, MOBILE HOME AND RV PARKS, CAMPGROUNDS

- For RV Parks and Campgrounds \$25.00 plus \$2.50 per space _____
- For Hotels, Motels, Lodges, Inns & Mobile Home Parks \$25.00 plus \$5.00 per space or room _____
- TOT Certificates Fee \$23.00 _____

SCHEDULE F - CONDOMINIUM RENTALS, APARTMENTS AND RENTAL MANAGEMENT SERVICES

- First Unit \$25.00
- Second Unit \$25.00
- Plus \$5.00 for each unit over 2 _____
- TOT Certificates each Unit _____ x \$23 = _____

FLAT RATE

Transfer your flat rate selection to the front side of this application.

- Advertising Billboard \$100.00 per year
- Outdoor Entertainment/Festival SEE FINANCE
- Sponsored by Non profit organization \$ 50.00 per day
- For Hire Vehicle \$ 50.00 per year
- Concessionaires (limit of 30 days) \$ 50.00 per year
- Delivery Services / Non Resident Business \$ 50.00 per year
- Peddler / Solicitor \$ 50.00 per year
- Principal Peddler/Solicitor \$250.00 per year Plus \$5.00 per peddler or solicitor _____ X \$5.00 = _____
- Chain Installer \$ 25.00 per year
- Amusement Machines \$10.00 each _____ X \$10.00 = _____

BUSINESS TAX CERTIFICATE APPLICATION - SCHEDULE OF BUSINESS TAX

Estimation of your gross receipts or gross payroll should be based on a twelve month period commencing with the first day of business. Your tax will expire December 31st with an annual renewal. Complete only one category per application. If you need assistance, please contact the Business Permit Division at (760) 934-8989.

TOWN OF MAMMOTH LAKES - HOME OCCUPATION

17.32.080 Home Occupations - Approval By Planning Director Home Occupations, where permitted by the provisions of this title, shall be subject to the approval of the Planning Director and shall comply with all of the performance standards set forth in 17.32.090.

17.32.090 Home Occupations - Performance Standards Home Occupations shall comply with all of the following standards:

- A. In no way shall the appearance of the structure or premises be so altered or the conduct of the occupation within the structure be such that the structure or premises may be reasonably recognized as serving a non-residential use (either by color, materials, or construction, lighting, signs, sounds or noises, vibrations, display of equipment, etc.)
- B. The use shall not generate pedestrian or vehicular traffic beyond that normal to the neighborhood in which it is located.
- C. No one other than a resident of the dwelling shall be employed in the conduct of the home occupation.
- D. No outdoor storage of motor or mechanical equipment shall be permitted other than normally incidental to the use of the structure as a dwelling.
- E. The use shall be contained entirely within the residence.
- F. No storage of materials and/or supplies, indoors or outdoors, shall be permitted which will be hazardous to surrounding neighbors or detrimental to the residential character of the neighborhood.
- G. There shall be no use of utilities or community facilities beyond that normal to the use of the property for residential purposes.
- H. A home occupation shall not create any radio or television interference or noise audible beyond the boundaries of the site.
- I. No smoke, odor, liquid, or solid waste shall be emitted.
- J. There shall be no outdoor storage or display of materials or equipment maintained on the premises.
- K. The conduct of the home occupation shall not interfere with the maintenance of the required parking.
- L. A Business Tax Certificate shall be obtained from the Finance Department.
- M. Not more than one commercial motor vehicle, where such motor vehicle is used as the owner's means of business transportation, shall be permitted in any residential district.
- N. The business involves no other equipment or vehicles than those customarily related to the dwelling.

17.32.100 Home Occupations Application - Decision By The Planning Director Any person wishing to engage in a home occupation shall file a Statement of Compliance with the Planning Director in conjunction with the filing of the required application. The Planning Director shall render a decision to approve or deny the application within 15 days. The decision of the Planning Director regarding the approval, denial or any conditions imposed may be appealed in writing within fifteen days of the Director's Notice of the decision. A decision of the planning commission may be appealed to the Town Council within fifteen days of the decision.

**STATEMENT OF COMPLIANCE
TOWN OF MAMMOTH LAKES - HOME OCCUPATION ORDINANCE**

I, the undersigned, have read Section 17.32.080 of the Town of Mammoth Lakes Code, the Home Occupations Ordinance. I understand the restrictions placed upon home occupations and I agree to comply with these restrictions.

I understand the violation of this ordinance is grounds for revocation of the Business Tax Certificate.

BUSINESS NAME _____

BUSINESS ADDRESS _____

APPLICANT'S / AGENT'S NAME _____

APPLICANT'S / AGENT'S SIGNATURE _____

DATE _____

Please return this form with your Business Tax Application to:

Town of Mammoth Lakes
Finance Department, Business Taxes
P.O. Box 1609
Mammoth Lakes, California 93546



Home Occupation Fee: \$30.00