



TO CALCULATE TAX, SEE SEPARATE RATE SCHEDULE

CITY OF PLEASANT HILL

RESIDENTIAL RENTAL BUSINESS LICENSE APPLICATION

Return this form with Tax to:
City of Pleasant Hill
Business License Dept.
100 Gregory Lane
Pleasant Hill, CA 94523-3323
(925) 671-5234

RENEWAL

NEW APPLICATON

Please type or print
Make changes in printed information where necessary

OWNER'S NAME _____

OWNER'S ADDRESS (City, State, ZIP) _____

OWNER'S TELEPHONE _____ SOCIAL SECURITY NUMBER _____ WORK TELEPHONE _____

LOCATION OF ALL RESIDENTIAL RENTAL UNITS WITHIN THE CITY OF PLEASANT HILL:

Please list additional parcels on reverse side.

ADDRESS	PARCEL NO.	PURCHASE DATE or date converted to rental	ADDRESS	PARCEL NO.	PURCHASE DATE or date converted to rental
1			9		
2			10		
3			11		
4			12		
5			13		
6			14		
7			15		
8			16		

Property owned by: One person or married couple Partnership of individuals and/or couples
 Corporation Trust

OWNER'S MAILING ADDRESS FOR LICENSES, RENEWALS, CORRESPONDENCE, ETC.

ATTENTION
NAME
ADDRESS
CITY, ZIP

IF PROPERTY IS IN JOINT OWNERSHIP, LIST NAMES AND ADDRESSES OF ALL JOINT OWNERS BELOW AND REFERENCE TO ABOVE PROPERTIES BY LINE NUMBER:

CALCULATE YOUR TAX HERE OR SEE PRORATIONING INSTRUCTIONS ON REVERSE SIDE:

Refer to separate rate schedule for Category 04 for current tax rate.

State Mandated Fee SB1186 (see back) \$ 4.00
Total no. of units _____ x Tax rate \$ _____ = Tax due \$ _____
Total Amount Due \$ _____

PLEASE SEND PAYMENT WITH COMPLETED APPLICATION TO ADDRESS ABOVE

SEE INFORMATION ABOUT DUE DATE AND PENALTIES ON THE REVERSE SIDE

AFFIDAVIT: I hereby declare, under penalty of perjury, that the reported information is true and correct to the best of my knowledge.

SIGNATURE _____ DATED _____

RECEIVED BY _____	DATE _____	AMOUNT _____	RECEIPT NO. _____	CASH <input type="checkbox"/>	CHECK <input type="checkbox"/> # _____
SIC CODE _____			FOR OFFICE USE ONLY		
			LICENSE # _____		

STATE MANDATED SB1186

“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 www.dgs.ca.gov/dsa/Home.aspx
- The Department of Rehabilitation at www.rehab.cahwnet.gov
- The California Commission on Disability Access at www.cdda.ca.gov”

DUE DATE: January 1 each year, or date property was purchased or converted to rental. Renewal payment may be postmarked on or before January 31 to avoid delinquent penalty.

DELINQUENT: February 1 each year, or 30 days after due date.

PENALTIES: 20% per month or portion of a month delinquent, up to 100%.

EXEMPTION: Rental of secondary dwelling units (i.e. “mother-in-law” units) having a land use permit issued by the provisions of the planning and land use ordinance shall be exempt from this business license tax. Proof of the land use permit must be provided to the Business License clerk. Questions about the land use permit should be directed to the Community Development Dept. at (925) 671-5209.

PRORATIONING: Prorating of the annual tax is allowed if the property was rented less than a full year. **Any part of a month is considered a full month for the purpose of prorating.** Please use this space for prorating calculation or enclose a separate sheet:
(for help, call (925) 671-5234)

<u>Identify Unit</u>	<u>No. of Months Rented in Prior Yr.</u>	x	<u>MONTHLY Tax Rate Per Unit</u>	=	<u>Tax Due on This Unit (See rate card for minimum tax per unit)</u>
----------------------	--	---	----------------------------------	---	--

Total Tax Due for All Units: \$

ADJUSTMENT: PHMC 5.05.290 provides for an annual adjustment in the business license tax based on the change in the Consumer Price Index.