



City of Los Altos

Business License Tax Application

1 North San Antonio Road
Los Altos, CA 94022

(650) 947 - 2760
www.losaltosca.gov

Business Name _____

Application Date _____ Los Altos Business License No. _____

Business Information (bolded fields are required)

Business Address _____

Mailing Address _____

City _____ **State** _____ **Zip** _____

City _____ State _____ Zip _____

Business Phone Number _____ **Alternate Phone Number** _____

Email (Required) _____

Name of Owner / Officer _____

Title _____ **Phone:** _____ **Email:** _____

Alternate Contact _____

Title _____ **Phone:** _____ **Email:** _____

TYPE of Contractor's License (A, B, C or D) _____

Corporation Sole Proprietor LLP LLC

Resale Number _____

Contractor's License Number _____

Tax ID / FEIN _____

Tax Calculation (choose the category that applies to your business; refer to LAMC 4.04 for an explanation of categories)

		Base Tax	Please Note	Total Tax
<input type="checkbox"/>	General Contractor*	<input type="checkbox"/> One Year	* If you carry an A or B license regardless of any other class, you must be licensed as a General Contractor and must apply at that rate. ** Only one license will be issued per company.	_____
		<input type="checkbox"/> Six Months**		
<input type="checkbox"/>	Sub-Contractor	<input type="checkbox"/> One Year	** The six month license option is only available to contractors NOT located within the City of Los Altos or that do NOT have a Los Altos mailing address.	_____
		<input type="checkbox"/> Six Months**		

Per Los Altos Municipal Code 4.04.490, the maximum business license tax shall not exceed \$3,200. This maximum is set on the tax itself and does not apply to AB-1379, late fees, or zoning fees. *****AB-1379: \$ 4.00**
Total Tax: _____

I certify that the information reported on this form is correct.

Signature _____

Title _____

Date _____

***On October 11, 2017 Governor Brown signed into law AB-1379 which adds a state fee of \$4 to each application for a local business license or similar instrument or permit, or renewal thereof. You may obtain information about your legal obligations and how to comply with disability access laws here:

www.dqs.ca.gov/dsa

www.dor.ca.gov/home/disabilityaccessservices

www.cdda.ca.gov

Finance Use Only

Cash Check _____ Credit Card _____ BY: _____ DATE: _____