



RESIDENTIAL LANDLORD APPLICATION

FINANCE DEPARTMENT • 200 H STREET

PO BOX 5007, ANTIOCH CA 94531

PHONE: 925-779-7059 • FAX: 925-779-7054

E-MAIL: FinanceBusLic@Antiochca.gov

PLEASE TYPE OR PRINT CLEARLY - ALL BOLD* INFORMATION IS REQUIRED

1. OWNER NAME* _____		PLEASE CHECK APPLICABLE <input type="radio"/> NEW APPLICATION						
2. MAILING ADDRESS* _____								
3. OWNER'S HOME ADDRESS (IF DIFFERENT FROM #2) _____	<i>All multi-family residential buildings must have signage posted in a prominent location explaining tenants' rights to reasonable accommodations. For more information, visit our website here - https://www.antiochca.gov/pscr/housing-programs/fair-housing/ .</i>							
4. CONTACT NUMBER* _____								
5. FAX NUMBER _____								
6. EMAIL ADDRESS _____								
ENTER NAME OF PRIMARY CONTACT (IF DIFFERENT FROM OWNER INFORMATION)								
7. CONTACT NAME _____	8. TITLE _____							
9. CONTACT ADDRESS _____								
10. EMAIL ADDRESS _____	11. PHONE # _____							
RENTAL PROPERTY INFORMATION (LIST ALL ADDRESSES, ATTACH ADDITIONAL PAGE IF NEEDED)								
12a. PROPERTY ADDRESS* _____	NUMBER OF UNITS* _____							
12b. PROPERTY ADDRESS _____	NUMBER OF UNITS _____							
12c. PROPERTY ADDRESS _____	NUMBER OF UNITS _____							
BUSINESS LICENSE TAX AND FEES								
RESIDENTIAL LANDLORD TAX: (FILL IN TO LINE #13)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 5px;">TYPE OF UNIT</th> <th style="text-align: left; padding: 5px;">ANNUAL TAX</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">SINGLE FAMILY DWELLING UNIT</td> <td style="padding: 5px;">\$250 PER UNIT</td> </tr> <tr> <td style="padding: 5px;">MULTI-FAMILY DWELLING UNIT INCLUDING DUPLEXES, CONDOMINIUMS AND APARTMENTS</td> <td style="padding: 5px;">\$150 PER UNIT</td> </tr> </tbody> </table>		TYPE OF UNIT	ANNUAL TAX	SINGLE FAMILY DWELLING UNIT	\$250 PER UNIT	MULTI-FAMILY DWELLING UNIT INCLUDING DUPLEXES, CONDOMINIUMS AND APARTMENTS	\$150 PER UNIT
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ANNUAL LICENSE ORDINANCE		13. LICENSE TAX DUE* \$ _____						
* All business licenses shall be issued for one year from the date of issuance and must be renewed annually. It is the responsibility of the business owner to renew the business license upon expiration regardless of whether the notice of expiration was received. (Ord. 2082-C-S, passed 3-25-14)		14. APPLICATION FEE* \$ 30.00						
		15. STATE MANDATED FEE* \$ 4.00						
		16. TOTAL AMOUNT DUE* \$ _____						
		(ADD LINES 13-15)						
<i>The undersigned being authorized to make this application, hereby declares to the best of his knowledge and belief that this is a true, correct and complete information made pursuant to the Antioch Municipal Code. The undersigned also agrees to abide by all considerations and restrictions imposed under the Antioch Municipal Code. This business license does not authorize holder to engage in any business or profession for which other certificates or permits are required. This business license must be renewed annually.</i>								
SIGNATURE* _____		DATE* _____						
OFFICE USE ONLY								
ACCOUNT # _____		RECEIPT # _____						
CLASS CODE _____		DATE _____						