



# 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

<b>1. OWNER NAME*</b> _____ <b>2. MAILING ADDRESS*</b> _____ _____ <b>3. OWNER'S HOME ADDRESS</b> _____ (IF DIFFERENT FROM #2) _____ <b>4. CONTACT NUMBER*</b> _____ <b>5. FAX NUMBER</b> _____ <b>6. EMAIL ADDRESS</b> _____	<b>PLEASE CHECK APPLICABLE</b> <input type="radio"/> NEW APPLICATION
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**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)	<b>TYPE OF UNIT</b>	<b>ANNUAL TAX</b>
	SINGLE FAMILY DWELLING UNIT	\$250 PER UNIT
	MULTI-FAMILY DWELLING UNIT INCLUDING DUPLEXES, CONDOMINIUMS AND APARTMENTS	\$150 PER UNIT

13. LICENSE TAX DUE*	\$ _____
14. APPLICATION FEE*	\$ <b>25.00</b>
15. STATE MANDATED FEE*	\$ <b>4.00</b>
16. TOTAL AMOUNT DUE*	\$ _____

(ADD LINES 13-15)

*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.*

**SIGNATURE\*** \_\_\_\_\_ **DATE\*** \_\_\_\_\_

**OFFICE USE ONLY**

ACCOUNT # _____	RECEIPT # _____
CLASS CODE _____	DATE _____