



# City of Mill Valley Planning Department

## Short-Term Rental Registration Form

26 Corte Madera Ave., Mill Valley CA 94941 (415) 388.4033

### **Instructions:**

This registration form must be submitted for all “living accommodation” business licenses (except hotels/motels/inns) that intend to provide short-term rentals to person(s) occupying space for less than 30 days. The applicant must complete the Registration Form, sign and commit to the Terms of Agreement established below, and submit the Registration Form and Fee to the City of Mill Valley Planning Department.

### **Registration Fee:**

A short-term rental Registration Fee of \$50.00 must be submitted to the City of Mill Valley Planning Department with this Registration Form.

### **Required Conditions to Qualify for a Short-Term Rental:**

1. Rental space must be a legally permitted space.
2. In Single-Family Residential Zoning Districts, on lots that have a secondary unit, the primary and secondary residence may not be rented out concurrently, consistent with Municipal Code Section 20.90.030(L).

### **Terms of Agreement:**

1. A Business License, Registration Form and Registration Fee must be renewed annually.
2. A Transient Occupancy Tax Form must be submitted to the City and payment of monthly remittances, as required.
3. All short-term rental hosts shall provide a statement of the conditions which are applicable to the rental to each guest. The statement of conditions shall include:
  - a. A maximum number of persons that may occupy the unit;
  - b. A description of any available parking that is available for guests;
  - c. An emergency contact person available to receive calls from the guest(s) at any time, day or night;
  - d. Instructions for trash disposal;
  - e. Information about the Mill Valley Noise Ordinance requirements; and
  - f. Good Neighbor conduct is expected and includes limiting noise, parking with consideration for neighbors who live in the area, keeping trash in appropriate bins.

### **Violation of Terms:**

In the event the host or his/her guests violate the terms and conditions of this Short-term Rental Registration, the Business License shall not be reissued and the short-term rental shall cease for at least one year following its expiration date, unless good cause is shown that would prevent future violations, subject to the approval of the Planning Director.

**REGISTRATION FORM: SHORT-TERM RENTALS**

<b>PLANNING STAFF REVIEW</b>	
APN:	_____
Zoning:	_____
File #:	_____
Fee:	_____
Date Received:	_____

Please complete this short term rental registration form (annually):

- Project Address:** \_\_\_\_\_  
**Is this a renewal? Yes/No** If yes, indicate any changes below and sign.
- Type of Rental Space: (Check all that apply and indicate number of units/rooms)**
  - Room in Single-Family home (# of rooms: \_\_\_\_\_)
  - Entire Single-family home
  - 2<sup>nd</sup> Unit
  - Multi-family unit
- Occupancy:** Maximum number of persons to occupy the space at one time (including children) \_\_\_\_\_
- Parking:** Number of parking spaces on your property for use by guest(s) \_\_\_\_\_
- Emergency Contact Information:** Indicate a responsible person over the age of 18 below.  
 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- Fees:** The following fees are collected annually (by July 31<sup>st</sup> of every year) in order to operate.
  - Registration fee (\$50.00)
  - Business license fee (\$15 per unit + \$4)

**ACKNOWLEDGEMENT & AGREEMENT TO TERMS AND CONDITIONS**

*The applicant is responsible for the truth of all statements contained in this registration form. This form should not be signed unless the applicant has read it thoroughly and is certain of its truthfulness.*

<b>I agree to the Terms of Agreement and understand the consequences of violating these terms.</b>	
<b>APPLICANT</b>	<b>OWNER (if different than applicant)</b>
_____	_____
APPLICANT NAME (PLEASE PRINT)	OWNER NAME (PLEASE PRINT)
_____	_____
APPLICANT SIGNATURE	OWNER SIGNATURE
_____	_____
DATE	DATE
_____	_____
MAILING ADDRESS	MAILING ADDRESS
_____	_____
PHONE	PHONE
_____	_____
E-MAIL	E-MAIL
_____	_____

**SUBMIT:** Please return the registration form and applicable fees to the City of Mill Valley, Planning & Building Department. For questions, contact Michelle Johnson at (415) 384-4822.

You will receive confirmation from the City that your short term rental is registered. Please submit your Transient Occupancy Tax Return to the Department of Finance on a monthly basis or based on the activity of your short term rental. Checks can be made out to “City of Mill Valley”.





# CITY OF MILL VALLEY

## BUSINESS LICENSE APPLICATION

### FOR RESIDENTIAL LIVING ACCOMODATIONS ONLY

RETURN THIS FORM WITH APPLICATION FEE TO:

City of Mill Valley  
Finance Dept.  
26 Corte Madera Ave.  
Mill Valley, CA 94941 (415)388-4033

**APPLICATION.** Annual business license fee is due and payable on July 1<sup>st</sup> and considered delinquent on August 1<sup>st</sup> of each year.

NEW BUSINESS       RENEWAL

BUSINESS NAME (Enter on line below)

BUSINESS LOCATION (Complete Address, City, State, Zip)

BUSINESS TELEPHONE

OWNER'S HOME PHONE

DATE BUSINESS STARTED IN MILL VALLEY

BUSINESS OWNER

BUSINESS OWNER'S EMAIL

HOME ADDRESS (Complete Address, City, State, Zip)

APPLICATION FOR

SOLE PROPRIETORSHIP

PARTNERSHIP (List al Partners below)

CORPORATION (List Officers and Titles below)

LIMITED LIBALITY COMPANY

NAME AND TITLE

ADDRESS

(AREA CODE) PHONE

NAME AND TITLE

ADDRESS

(AREA CODE) PHONE

NAME AND TITLE

ADDRESS

(AREA CODE) PHONE

RESALE NUMBER

STATE EMPLOYER ID NUMBER

FEDERAL EMPLOYER ID NUMBER

TYPE OF BUSINESS

LIVING ACCOMODATIONS

ADDRESS OF UNITS

NUMBER OF UNITS

DESCRIPTION OF ACCOMODATIONS (Example: House for Rent, Apartment Complex, Motel/Hotel, 2<sup>nd</sup> Unit)

#### CALCULATION OF BUSINESS LICENCE TAX

Number of Rental Units _____	\$15.00 (Per Unit)	\$
State Mandated Tax*	\$ 4.00	\$4.00
Delinquent Penalty	See Fee Schedule	
<b>TOTAL OWED</b>		<b>\$</b>

Delinquency Penalty Fee Schedule (if not a new business and paid after August 1 <sup>st</sup> )	
Aug 1 to Aug 31	10%
Sept 1 to Sept 30	20%
Oct 1 to Oct 31	30%
Nov 1 to Nov 30	40%
After Nov 30	50%

\* SB-1186 adds a state \$4 fee for business license applicants or renewal thereof. The purpose is to increase disability access and compliance with construction-related accessibility requirements and to develop education resources for business in order to facilitate compliance with federal and state disability laws, as specified.

For more information: Go to [http://leginfo.ca.gov/faces/billNavClient.xhtml?bill\\_id=201120120SB1186](http://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=201120120SB1186)

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The City does not invoice        Please enclose payment        Be sure to complete entire application        Sign and date application

#### OFFICE USE ONLY

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Receipt No.: \_\_\_\_\_ EFT  Cash  Check  \_\_\_\_\_

CITY USE ONLY	HEALTH	BUILDING	FIRE	POLICE	PUBLIC WORKS
APPROVED BY					
DATE					



# Transient Occupancy Tax (TOT) Return

Remit on a monthly basis and make check payable to:

City of Mill Valley  
26 Corte Madera Avenue  
Mill Valley, CA 94941

## **Instructions**

Please complete the highlighted sections below and return the following form with a check payable to the "City of Mill Valley" on a monthly basis, or in association with your registered short-term (less than 30 day) rental. Please note that your tax form must be postmarked on or before the 25<sup>th</sup> day of the following month or tax return is considered delinquent (see details below).

Return for month ending:

Business License No:

Property (owner/operator name & address):

Mill Valley, CA 94941

## **Calculation of TOT**

1	Gross Rental Income <i>(Total receipts for all rental stays, including no shows)</i>	\$
2	Exempt Amount <i>(Deduct rents on rooms occupied for more than 30 days)</i>	\$
3	Taxable Receipts <i>(Line 1 less Line 2)</i>	\$
4	Amount of Tax Due <i>(10% of Line 3)</i>	\$
5	Tourism Tax <i>(2% of Line 3)</i>	\$
6	Penalties <i>(See C below)</i>	\$
7	Interest <i>(See D below)</i>	\$
8	Total Amount Payable <i>(Add lines 4,5,6, and 7)</i>	\$

## **Signature**

I declare under penalty of perjury that the above information is true and correct to the best of my knowledge and belief.

Signed  Title  Date

## **Notes**

- Tax return must be filed, unless there are no short term rentals and no tax is due.
- Delinquent if not paid by the 25<sup>th</sup> day of the month following the close of the reporting period.
- Penalties: Add 10% if paid within 25 days after delinquent date. Add an additional 10% if paid more than 25 days after delinquent date.
- Interest: ½ of 1% per month or fraction thereof on the amount of tax (Line 3) from delinquent date to date of payment.
- All records substantiating tax return must be retained for a period of not less than three years from date of payment.