

CITY OF NEEDLES

Business Name

Address

City, State & Zip

NOTICE

PURSUANT TO SECTION **12-68.1** OF THE NEEDLES CITY CODE, SHORT TERM RENTAL PROPERTY, FOR EVERY PERSON ENGAGING IN, THE RENTING OR LETTING OF RESIDENTIAL UNITS FOR PURPOSES OF DWELLING, SLEEPING OR LODGING FOR A PERIOD OF THIRTY CONSECUTIVE CALENDAR DAYS OR LESS, THE GROSS ANNUAL RECEIPTS OF WHICH ARE AS FOLLOWS, THE RESPECTIVE LICENSE FEES SHALL BE AS FOLLOWS:

LESS THAN \$15,000	\$ 30.00 PER YEAR
\$ 15,000 AND LESS THAN \$ 30,000	\$ 35.00 PER YEAR
\$ 30,000 AND LESS THAN \$ 45,000	\$ 50.00 PER YEAR
\$ 45,000 AND LESS THAN \$ 60,000	\$ 60.00 PER YEAR
\$ 60,000 AND LESS THAN \$ 75,000	\$ 70.00 PER YEAR
\$ 75,000 AND LESS THAN \$ 90,000	\$ 85.00 PER YEAR
\$ 90,000 AND LESS THAN \$ 105,000	\$ 105.00 PER YEAR
\$ 105,000 AND LESS THAN \$ 120,000	\$ 120.00 PER YEAR
\$ 120,000 AND LESS THAN \$ 150,000	\$ 140.00 PER YEAR
\$ 150,000 AND OVER	\$ 165.00 PER YEAR

IN COMPLIANCE WITH THE PROVISIONS OF THE ABOVE SECTION, I HEREBY DECLARE THE GROSS RECEIPTS FOR CALENDAR YEAR _____ WERE \$ _____.

ANNUAL – JULY-1 to JUNE 30

BUSINESS LICENSE FEE: (REFER TO CHART)

\$ _____

PLUS NEW ACCOUNT FEE OF \$30.00

\$ _____

TOTAL

\$ _____

THIS DECLARATION IS MADE UNDER THE PENALTY OF PERJURY THIS _____ DAY OF _____, _____.

BY SIGNING BELOW, I AFFIRMATIVELY REPRESENT THAT ANY BUSINESS OR ACTIVITIES FOR WHICH I SUBMIT THIS APPLICATION WILL BE OPERATED IN COMPLIANCE WITH ALL FEDERAL, STATE AND LOCAL LAWS.

Authorized Signature

Make Check Payable to: **City of Needles**

Mail This and All Forms To: **Business License Department**

817 Third Street, Needles, CA 92363