

CITY OF OAKLAND



250 FRANK H. OGAWA PLAZA, SUITE 1320 OAKLAND, CALIFORNIA 94612

Financial Services Agency
Business Tax Section – EXCESS LITTER FEE PROGRAM

(510) 238-3360
TDD (510) 238-3254

July 24, 2006

NAME
ADDRESS
CITY, STATE, ZIP

Dear Business Owner:

Re: EXCESS LITTER FEE PROGRAM

On February 21, 2006, The City of Oakland adopted Ordinance 12727, enacting an Excess Litter Fee on Fast Food Businesses, Convenience Markets, Gasoline Station Markets, and Liquor Stores to help defray the cost of litter and trash clean-up resulting from their operation. The purpose of this ordinance is to create and maintain safe, clean and sanitary streets, sidewalks, and public spaces by assessing a fee on businesses known to generate particularly high amounts of disposable materials that end up as trash and litter on the streets. The fee will not only provide the resources to collect and dispose of such trash to keep our City clean, but will also prevent trash and litter from entering the City's storm water runoff system, and potentially polluting those waters and/or hampering the proper performance of our system.

According to our records, your business is classified as a _____, and is subject to the Litter Fee. The attached declaration must be completed and returned on or before **August 31, 2006**. A late fee of \$50.00 will be assessed for failure to file a timely declaration.

Every eligible business must file an annual declaration providing gross receipts, which do not include the receipts from the sale of alcohol, gasoline or automotive services or products. Eligible businesses in Business Improvement Districts (BID) that currently pay BID assessments are subject to only 50% of the litter fee.

After receipt of the declaration, the City will send you an invoice for the litter fee due. Payment of this fee must be made within 15 days of issue date. Failure to pay by the due date will result penalty (from 10% to 50%) and accrual of interest at one percent per month until paid.

If you disagree with the City's determination that you are subject to this fee, you can request an appeal in writing within 30 days of the date of this notice. Please complete the declaration and appeals forms when filing an appeal. There is a \$67.50 appeal filing fee to file an appeal. The appeal filing fee will be refunded if your appeal is upheld. A hearing officer will notify you of the date and time of your appeal.

For your information, a copy of the litter fee brochure is enclosed. Please complete the attached declaration form and return it to:

City of Oakland
Business Tax Section – EXCESS LITTER FEE PROGRAM
250 Frank H. Ogawa Plaza, Suite 1320
Oakland, CA 94612
Phone: (510) 238-3360
Fax: (510) 238-7128
Email: Oaklandbusinesstax@oaklandnet.com

Si desea obtener esta información en español, por favor llame a la Línea Directa Sobre Acceso Equitativo al (510) 238-6812.

若需要中文協助，請致電平等使用服務專線 (510) 238-6812。

Nếu quý vị cần sự giúp đỡ bằng tiếng Việt, xin vui lòng gọi văn phòng Bình Đẳng Trong Việc Sử Dụng (Equal Access) tại số (510) 238-6812.

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EXCESS LITTER FEE APPEALS FORM

IMPORTANT: APPEALS MUST BE RECEIVED OR POSTMARKED NO LATER THAN THE DUE DATE ON YOUR DECLARATION TO BE CONSIDERED. PLEASE INCLUDE AN APPEAL FILING FEE OF \$67.50. A HEARING OFFICER WILL CONTACT YOU WITH THE DATE AND TIME OF YOUR HEARING.

Account Number: LF -0000000

_____		_____	
1. Name of Business		Telephone	
_____		_____	
2. Business Address	City	State	Zip Code
_____		_____	
_____		_____	
3. Name of Owner		Telephone	

APPEAL REASON:

- Eligible Business (definition)
- Classification (small, medium or large)
- Further exemption (see OMC 12727, Sec. 5f)
- Other: _____

STATEMENT OF APPEAL: (Please be brief but thorough.)

Check here if providing attachments.

SIGN: _____ DATE: _____
(Signature Required)

Please forward this form to:

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Oakland, CA 94612
Phone: (510) 238-3360
Fax: (510) 238-7128

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EXCESS LITTER FEE
REQUEST FOR REFUND FORM

Account Number: LF -0000000

1. Name of Business Telephone

2. Business Address City State Zip Code

3. Name of Owner Telephone

REASON FOR REFUND

Mail refund to:

List of supporting documents:

Fee Payer: (signature required) Date:

Prepared by: Date:

Approved for forwarding: Date:

Authorized by: Date:

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