

CITY OF IMPERIAL BEACH
825 Imperial Beach Blvd.
Imperial Beach, CA 91932
(619) 628-1423

FEES ARE NON-REFUNDABLE

BUSINESS TAX CERTIFICATE APPLICATION
For Businesses located within the Imperial Beach City Limits

NOTE: ALL APPLICABLE QUESTIONS MUST BE ANSWERED OR APPLICATION WILL BE REJECTED

IMPORTANT - PLEASE READ

It is highly recommended you verify compliance with City zoning, building, and sign regulations before applying for a Business Tax Certificate, as the issuance of a Business Tax Certificate does not guarantee your business meets applicable regulations. It is the business owner's responsibility to verify with the Planning and Building Departments that all applicable zoning, building, and signage codes are met before conducting business. If your business is found to be in non-compliance with any code or regulation you may receive a citation and/or your Business Tax Certificate may be rescinded without a refund.

I have read the above statement _____ (Applicant's Initials)

NEW BUSINESS CHANGE OF ADDRESS CHANGE OF OWNERSHIP CHANGE OF BUSINESS NAME RENEWAL

1. Business Name: _____ Phone No. _____

2. Business Address: _____

3. Mailing Address: _____

4. Type of business (use reverse side if more space needed) : _____

Contractor Professional Broker Pawnbroker/Secondhand Massage/HHP Retail Food Service Other _____

License No. _____ Exp Date: _____ Classification: _____

Federal ID No./S.S # (required). _____ State ID No. _____ Resale Tax No. _____

5. Structure of Business: Corporation Single Ownership Partnership Trust Limited Liability

Will you have: Entertainment/Band/DJ/Dancers Dancing Alcohol Amplified sound Tobacco/&or Paraphernalia Other _____

6. Number of Employees: _____

7. Number of: Vending Machines _____ Music _____ Game _____ Pool Tables _____ Viewers _____ Other _____

If machines are leased, name/address of vendor: _____

8. If machine vendor: Please attach list giving type and location of all machines in the City of Imperial Beach.

9. Owner Information-(Required) Name: _____ Phone No: _____

Address: _____

10. Emergency Contact Name: _____ Phone No: _____

11. Is this a change of use? Yes No 12. Proposed date of opening: _____

13. Will your business have a sign? Yes No - If yes, you will need a Comprehensive Sign Permit before it is installed or modified. See Planning.

14. Will you be doing any building modifications? Yes No Unknown - If yes, you may need a Building Permit. See Building Department.

15. Have you filed a fictitious name with county? Yes/No ** Need Copy

I HEREBY DECLARE UNDER THE PENALTY OF PERJURY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE STATEMENTS MADE HEREIN ARE CORRECT AND TRUE.

SIGNATURE _____ DATE: _____

FINANCE DEPT. BASIC FEE: \$ _____ No. of Emp. _____ BID Zone _____ TOTAL FEE \$ _____

DATE ISSUED: ____/____/____ LICENSE # _____ BUS CONTROL # _____ RECEIPT # _____

ZONING COMPLIANCE _____ OTHER _____

THE CITY
OF
IMPERIAL
BEACH

(619) 628-1423
FAX (619) 424 3481 (619) 429-9770

825 IMPERIAL BEACH BOULEVARD ♦ IMPERIAL BEACH, CA ♦ 91932



WORKER'S COMPENSATION DECLARATION

I hereby affirm, under penalty of perjury, one of the following declarations:

____ I have and will maintain a certificate of consent to self insure for worker's compensation, as provided by Section 3700, for the duration of any business activities conducted for which this license is issued.

____ I have and will maintain worker's compensation insurance, as required by Section 3700, for the duration of any business activities conducted for which this license is issued.

My worker's compensation insurance carrier and policy number are:

Carrier: _____

Policy Number: _____

____ I certify in the performance of any business activities for which this license is issued I shall not employ any person in any manner so as to become subject to the worker's compensation laws of California, and agree if I should become subject to worker's compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with the provisions of Section 3700.

Date: _____

Applicant: _____

WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO \$100,000.00 IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.