

City of Calipatria



125 North Park Avenue
Calipatria, California 92233
Telephone: (760) 348-4141
Fax: (760) 348-7035

BUSINESS LICENSE APPLICATION

ORDINANCE NO. 231

Description of Business _____

Business Name _____

Business Address _____

(Provide an address where the applicant(s) for the business license consents to receive service of process as required by Cal. Bus. & Prof. Code § 16000.1(a)(2). This address shall be available for public inspection.)

City _____ State _____ Zip Code _____

Business Phone (_____) _____ Contact _____

Business Location Address _____

(If different than the address provided above.)

City _____ State _____ Zip Code _____

If Change in location, previous address _____ City _____

State _____ Zip _____

Type of billing preferred: (circle one) Quarterly Calendar Year

<u>Quarter: \$19.00</u>	<u>Gross Receipt:</u>	<u>License Fee Yearly Calendar/QTR</u>	
1st Qtr. Jan-Mar	\$0 - \$10,000	\$64.00 **	/ \$19.00**
2 nd Qtr. Apr-June	\$10,001 - \$20,000	\$72.00 **	/ \$21.00**
3 rd Qtr. July-Sept	\$20,001 - \$30,000	\$80.00**	/ \$23.00**
4 th Qtr. Oct-Dec	\$30,001 - \$40,000	\$88.00**	/ \$25.00**
	\$40,001 - \$50,000	\$96.00 **	/ \$27.00**
<u>Yearly \$64.00**</u>	\$50,001 - over	\$104.00**	/ \$29.00**
Jan - Dec			

[The information provided on this page of the application is confidential and not subject to inspection pursuant to the Public Records Act, pursuant to Cal. Bus. & Prof. Code § 16000.1(a)(3).]

Owner's Residence Address: _____

City _____ State _____ Zip _____

Owner's Mobile or Home Phone (____) _____

Ownership Status: Individual _____ Partnership _____ Corporation _____ Non-profit _____

The following forms of Identification are acceptable: 1) Social Security Number; 2) California driver's license number; 3) California Identification Card Number; or 4) Individual Taxpayer Identification Number.

List of owners/partners/officers:	Identification Number:	Type of Identification
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

In case of emergency, notify _____ Phone: (____) _____

State Sellers Permit/Resale # _____

State Compensation Carrier/Contact Number: _____

I certify under penalty of perjury, that the above information is true and accurate and complete to the best of my knowledge. I also certify that I will notify the City of Calipatria of any changes in the information submitted herein.

Signature _____ Title _____

Sales and use tax may apply to your business activities. You may seek written advice regarding the application of tax to your particular business by writing to the nearest State Board of Equalization Office. For General information, please call the Board of Equalization at 1-800-400-7115. El Centro Branch Office, 1550 West Main Street. (760) 352-3431.

** On January 1, 2018 Governor Brown signed into law SB-1186 which adds a state fee of \$4.00 on any applicant for a local business license or similar instrument or permit, or renewal thereof. The purpose is to increase disability access and compliance with construction-related accessibility requirements and to develop educational resources for businesses in order to facilitate compliance with federal and state disability laws, as specified.

Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access law at the following agencies:

- The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx
- The Department of Rehabilitation at www.rehab.cahwnet.gov
- The California Commission on Disability Access at www.cdda.ca.gov

[The information on the first two pages of the application is subject to public inspection pursuant to the Public Records Act]

Application Approved: _____

Input Date: _____