

CITY OF IMPERIAL BEACH

825 Imperial Beach Blvd.
Imperial Beach, CA 91932
(619) 628-1423

BUSINESS TAX CERTIFICATE APPLICATION
Out of City Business Address

FEES ARE NON-REFUNDABLE

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

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: _____

Contractor Professional Broker Pawnbroker Secondhand Dealer ABC

License No. _____ Exp Date: _____ Classification _____

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

Fictitious Name Statement Filed: YES NO

5. Structure of Business: Corporation Sole Proprietorship Partnership Trust Limited Liability

6. Number of Employees Working in Imperial Beach: _____

7. Owner Information-required

Name: _____ Phone No: _____

Address: _____

8. Emergency Contact: Name: _____ Phone No: _____

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. _____ TOTAL FEE \$ _____

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

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.