



City of Grover Beach

BUSINESS TAX CERTIFICATE

NEW RENEWAL NO LONGER DOING BUSINESS

Business Name: _____ Business Tax Certificate # _____

Business Address: _____

NOTE: PO Box addresses cannot be accepted as business address

Phone Number: _____ Email Address: _____

Mailing Address, if different: _____

Owner Type: Sole Proprietor Partnership Corporation Trust

Business Owner(s): _____

Emergency Phone Number: _____ Email Address: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Mailing Address, if different: _____

Please provide the following, if applicable:

Contractor's License #(s): _____ Federal I.D. #: _____ State I.D. #: _____

Are there Hazardous Materials being used or stored at your business? Yes No

Business Type: _____

No. of Employees: _____ **In City Sq Ft of Business** _____

In City Sq. Ft. Valuation	BTC Rate	In City Sq. Ft. Valuation	BTC Rate
1-1,000	\$60	10,001 – 20,000	\$500
1,001 – 2,000	\$125	20,001 – 40,000	\$650
2,001 - 5,000	\$200	40,001 – 60,000	\$800
5,001 – 10,000	\$350	60,001 – and up	\$950

1.) In City Business Tax Certificate (BTC) rate: (Based on "In City Square Foot Valuation") \$ _____

2.) Out of City Businesses: (If business is out of City skip line one and enter \$60 on line 2) \$ _____

3.) Total from page 2: (If your business is within city limits) \$ _____

4.) Sub Total: (add lines 1 through 3) \$ _____

5.) Penalty: 10% of line 4 if payment received between March 1st-31st \$ _____

6.) SB1186: (State Mandated Fee - for more information see other side) \$4.00

7.) Total Due: (add lines 4 through 6) \$ _____

I hereby certify and understand under penalty of perjury under the laws of the State of California that the information provided and contained within this application is true and correct, and further agree to abide by the requirements and regulations as stated within Article X, Chapter 2 of the Grover Beach Municipal Code.

Applicant Signature: _____ Date: _____

Note: If a certificate holder fails to renew their certificate by March 31, an application for a new certificate will be required, in which case he/she will be required to pay for a first year certificate and fire inspection. Businesses in violation are subject to citation.

Please answer YES or NO to the following and enter applicable fees in space provided:

\$ _____ YES NO Home office or Home Based Business (*NEW Business Only*)
 One-time fee: \$75.00 - *VALID for the life of the location & as long as BTC is continuous* **Note: Home Occupation Permit Application required**

\$ _____ YES NO Re-issue Fee: \$15.00

\$ _____ YES NO Card Table (Per Table)
 Fee Per Year \$500 **per table**

\$ _____ YES NO Taxi Cab Driver - New
 Fee per Year: \$366.00

\$ _____ YES NO Tobacco Retail License - Annual
 Fee per Year: \$322.00

\$ _____ Total

Information regarding SB 1186:

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 laws 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

Community Development Department:		
APN#: <u>060-</u> Zone: _____ NOTES: _____		
<input type="checkbox"/> Use Permitted	<input type="checkbox"/> Permitted with UP or AUP-RESO# _____	<input type="checkbox"/> Not Permitted
By: _____		Date: _____
Police Department-ONLY REQUIRED FOR TYPES OF BUSINESSES LISTED BELOW:		
<input type="checkbox"/> Use Approved	<input type="checkbox"/> Use Denied	By: _____ Date: _____
TYPE: <input type="checkbox"/> Adult Business	<input type="checkbox"/> Alcohol Sales	<input type="checkbox"/> Card Tables
<input type="checkbox"/> Ice Cream Trucks	<input type="checkbox"/> Massage	<input type="checkbox"/> Pawn Shop
	<input type="checkbox"/> Taxi Service	<input type="checkbox"/> Tobacco Sales
Administrative Services Department:		
By: _____		Date: _____ Receipt #: _____
REQUIRED DOCUMENTS: <input type="checkbox"/> HOP Application <input type="checkbox"/> Contractor's License <input type="checkbox"/> Vending Machine Worksheet		
<input type="checkbox"/> Pre-inspection checklist & Site/Floor Plan		