



# 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 1<sup>st</sup>-31<sup>st</sup> \$ \_\_\_\_\_

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: \$72.00 - *VALID for the life of the location & as long as BTC is continuous*

**Note: Home Occupation Permit Application required**

\$ \_\_\_\_\_  YES  NO Fire Inspection Fee  
 \$142.00 - New Business, Change of Ownership, or Change of Location *(Requires pre-inspection checklist and site/floor plan)*  
 \$45.00 - Pre-Inspection Home Health Care or Home Day Care Facilities  
 \$142.00 - Final Home Health Care (6 or less residents) or Home Day Care (8 or less children)

\$ \_\_\_\_\_  YES  NO Re-issue Fee: \$15.00 **Note: Fire inspection required for change of location**

\$ \_\_\_\_\_  YES  NO Card Table (Per Table) # of Tables: \_\_\_\_\_  
 Fee Per Year \$500 **per table**

\$ \_\_\_\_\_  YES  NO Taxi Cab Driver - New Taxi Cab Driver - Renewal  
 Fee per Year: \$366.00 Fee per Year: \$106.00 *effective 7/1/2018*

\$ \_\_\_\_\_  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](http://www.dgs.ca.gov/dsa/HOME.aspx)***

***The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov)***

***The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov)***

<b>Community Development Department:</b>		
APN#: 060- _____	Zone: _____	NOTES: _____
<input type="checkbox"/> Use Permitted	<input type="checkbox"/> Permitted with UP or AUP-RESO# _____	<input type="checkbox"/> Not Permitted
By: _____		Date: _____
<b>Police Department-ONLY REQUIRED FOR TYPES OF BUSINESSES LISTED BELOW:</b>		
<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
<b>Administrative Services Department:</b>		
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		