



City of Grover Beach

ADMINISTRATIVE SERVICES DEPARTMENT

BUSINESS TAX CERTIFICATE – NEW AND RENEWALS

Frequently Asked Questions

The following are answers to some commonly asked questions regarding the City's Business Tax Certificate Program.

What is the purpose of the Business Tax Certificate Program?

The purpose is to raise revenues for general municipal purposes. It is not intended for regulation purposes.

When and why was the Business Tax Certificate Ordinance revised?

Following a public hearing on December 16, 1991, the City Council revised the City's Municipal Code related to the Business Tax Certificate Program. The Ordinance improved the equity, administration and revenue generation abilities of the City's Business Tax Certificate Program. The fees have remained the same since the adoption of the Ordinance.

Who is required to apply for a Business Tax Certificate?

Any person or company conducting business in the City is required to pay for a business tax certificate. Business activities include: rentals, services, manufacturing, and sales. This includes all individuals and companies conducting business in the City, whether or not they have a fixed place of business within the City.

Are there any exceptions?

Very few exceptions exist and only where the payment of local business taxes conflict with applicable statutes or constitution of the United States or the State of California.

When are taxes due?

Once you have applied for your initial Business Tax Certificate, you must renew your certificate annually. All Business Tax Certificates within the City of Grover Beach expire on **December 31st**, any renewals received after that date are subject to penalty.

Additional questions:

Please contact our Administrative Services Department at 805-473-4550.



City of Grover Beach

BUSINESS TAX CERTIFICATE

NEW

RENEWAL, due by December 31st

NO LONGER DOING BUSINESS

Business Name: _____

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 one of the following:

Social Security #: _____ Federal I.D. #: _____ State I.D. #: _____

Type of Business: _____ Number of Employees:

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

I hereby certify that the information provided within this application is true and correct to the best of my knowledge, 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 February 28, 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.

FOR CITY USE ONLY - REQUIRED APPROVAL

Community Development Department:

APN#: 060- _____ Zone: _____ NOTES: _____

Use Permitted Permitted with UP or AUP-RESO# _____ Not Permitted

By: _____ Date: _____

Police Department-ONLY REQUIRED FOR TYPES OF BUSINESSES LISTED BELOW:

Use Approved Use Denied By: _____ Date: _____

TYPE: Adult Business Alcohol Sales Card Tables Check Cashing Fire Arms
 Ice Cream Trucks Massage Pawn Shop Taxi Service Tobacco Sales

Administrative Services Department:

By: _____ Date: _____ Receipt #: _____

REQUIRED DOCUMENTS: HOP Application Contractor's License Vending Machine Worksheet
 Pre-inspection checklist & Site/Floor Plan

(OVER – please complete page 2)

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

FEE(S)		<input type="checkbox"/>	<input type="checkbox"/>	Miscellaneous - Please provide Retail Sales Tax # _____ www.boe.ca.gov
\$ _____				Fee per year: \$55.00 After July 1st: \$27.50 After October 1st: \$13.75
		<input type="checkbox"/>	<input type="checkbox"/>	Contractor - A copy of your pocket license MUST be attached to this application
\$ _____				Fee per year: \$65.00 After July 1st: \$32.50 After October 1st: \$16.25
		<input type="checkbox"/>	<input type="checkbox"/>	Contractor (One Time) - Job Location: _____
\$ _____				Fee per Location: \$25.00
		<input type="checkbox"/>	<input type="checkbox"/>	Landscape Maintenance - NOT a licensed contractor
\$ _____				Fee per year: \$55.00 Note: pesticide spraying requires State License - www.cdpr.ca.gov
		<input type="checkbox"/>	<input type="checkbox"/>	Apartment Rental - Number of Units: _____ Note: Fire inspection required (see below)
\$ _____				Fee per year : \$40.00 (4-10 Units) \$80.00 (11-30 Units) \$120 (31 + Units)
		<input type="checkbox"/>	<input type="checkbox"/>	Vending Machine(s) - renewals MUST attach Vending Machine Gross Receipts Worksheet
\$ _____				First year: \$55.00 Renewals based on Gross Receipts
				Must attach Vending Machine Gross Receipt Worksheet
		<input type="checkbox"/>	<input type="checkbox"/>	Motel/Hotel/Mobile Home Park
\$ _____				Fee per year: \$65.00
		<input type="checkbox"/>	<input type="checkbox"/>	Home office or Home Based Business <i>(NEW Business Only)</i>
\$ _____				One-time fee: \$66.00 - <i>VALID for the life of the location & as long as BTC is continuous</i>
				Note: Home Occupation Permit Application required
		<input type="checkbox"/>	<input type="checkbox"/>	Fire Inspection Fee
\$ _____				\$134.00 - New Business, Change of Ownership, or Change of Location <i>(Requires pre-inspection checklist and site/floor plan)</i>
				\$42.00 - Pre-Inspection Home Health Care or Home Day Care Facilities
				\$134.00 - Final Home Health Care (6 or less residents) or Home Day Care (8 or less children)
				\$134.00 Final Home Health Care (7 or more residents) or Home Day Care (9 or more children)
				Multi-Family Dwelling (Apartment/Hotels/Motels) NEW & ANNUAL RENEWAL:
				\$134.00 (10 or less units) \$269.00 (11 - 25 units) \$402.00 (26 or greater units)
		<input type="checkbox"/>	<input type="checkbox"/>	Transfer of Ownership, Change of Location or Re-issue
\$ _____				Fee per Year: \$15.00 Note: Fire inspection required for change of location
		<input type="checkbox"/>	<input type="checkbox"/>	Card Table (Per Table) # of Tables: _____
\$ _____				Fee Per Year \$500 per table
		<input type="checkbox"/>	<input type="checkbox"/>	Taxi Cab Driver - New Taxi Cab Driver - Renewal
\$ _____				Fee per Year: \$345.00 Fee per Year: \$100.00 <i>effective 5/17/2016</i>
		<input type="checkbox"/>	<input type="checkbox"/>	Tobacco Retail License - Annual
\$ _____				Fee per Year: \$292.00
		<input type="checkbox"/>	<input type="checkbox"/>	Cinematographer/Transient Photographer
\$ _____				Fee per day: \$250.00
		<input type="checkbox"/>	<input type="checkbox"/>	Late Renewal Penalty: 10% if prior to January 31st / 25% if between February 1st - 28th

\$	Sub Total
\$ 1.00	SB 1186 State Mandated Fee
\$	Total Fees Due

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



Name of Business:

CITY OF GROVER BEACH NEW BUSINESS SELF-INSPECTION CHECKLIST

EXITS:	Y	N	n/a
All exit doors open easily without special knowledge of locking or latching devices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exit signs clearly identify all exits and are illuminated (ie. internally or externally)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aisles are at least 44" wide in merchandise areas and 24" wide in storage areas - without obstructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All stairs are clear of obstructions and no combustibles are stored beneath. Handrails are 34 to 38 inches high.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If required, occupancy load signs are posted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The entire width and height of exit paths and corridors are free from any obstructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

UTILITIES: electrical / gas / water

There is a 30" clear area around all electrical panels and the panel door is kept closed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All circuit breakers are free of tape or any other obstructions and are labeled, in English, to show what they control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All electrical outlets, switches, and junction boxes have cover plates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All extension cords are replaced with power strips that are equipped with overload protection / fuses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is no loose wiring or electric wires hanging from any wall or ceiling area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All water heaters have a pressure-relief valve and a seismic restraint.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The heating system is operable and vented correctly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All gas appliances have individual gas shut-off valves.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The gas service shutoff and meter, if used, is labeled with your address.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The exterior electrical panel and disconnect is marked with "Electrical Shutoff" and your address.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All combustibles are stored at least 3' away from gas appliances (water heater, furnace, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FIRE EXTINGUISHERS / STORAGE / HOUSEKEEPING / MISCELLANEOUS:

Address numbers are visible and easy to read from the street in a contrasting color to the building.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All sides of the building are free from weeds, trash debris, and combustible storage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All storage areas are neat and orderly - storage is piled no higher than 2' below the ceiling and never more than 12' high.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is no storage in equipment rooms, mechanical rooms, and electrical rooms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is no more than 10 gallons of flammable liquid stored, except in approved flammable liquid cabinets.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A fire extinguisher, serviced and tagged within the past 12 months, labeled 2A:10:BC is provided within 75' of all areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire extinguishers are wall-mounted, no higher than 5' to the top of the extinguisher, and the gauge registers in the green.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If your facility or complex is equipped with a keybox system, you need to provide a key to the Fire Department.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manufacturers Material Safety Data Sheets (MSDS) are stored in a folder that is readily available on the premises.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FIRE ALARM / DETECTION / SPRINKLER SYSTEMS:

Alarm / detection system permit is posted at the control panel and is valid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm / detection system power light is illuminated and trouble lights are not indicating a problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact your alarm company to verify that the remote reporting function is working properly - DO NOT activate the system to find out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All smoke detector batteries have been tested and replaced in the last six months.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler system has been tested and inspected by a licensed contractor within the last 5 years - verification is available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler system provides complete coverage to any remodeled / altered areas and there is at least 18" clearance below sprinkler heads.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(OVER)

Site / Floor Plan

Business Name: _____

Business Address: _____

Emergency (after hours) Phone Number: _____



Please show all exterior walls, all interior walls, electrical panel, all exterior and interior doors, and property lines. Please also note total square footage of building.

Blank area for drawing the site or floor plan.