



City of Grover Beach

BUSINESS TAX CERTIFICATE

NEW

RENEWAL, due by February 28th

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 one of the following:

Social Security #: _____ 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: (please complete other side) \$ _____

4.) Sub Total: (add lines 1, 2 & 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, 5, and 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: \$70.00 - *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/flr*)
 \$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)
 \$142.00 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:**
 \$142.00 (10 or less units) \$285.00 (11 - 25 units) \$426.00 (26 or greater units)

\$ _____ 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: \$310.00

\$ _____ 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.ca.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"/> Check Cashing	<input type="checkbox"/> Taxi Service	<input type="checkbox"/> Fire Arms
<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		



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"/>

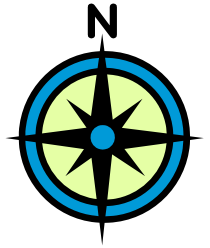
(OVER)

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/floor plan.