

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. _____ State ID No. _____ Resale Tax No. _____

Fictitious Name Statement Filed: YES NO

5. Structure of Business: Corporation Single Ownership Co-Partnership

6. Number of Employees Working in Imperial Beach: _____

7. Owner/Officer/Manager Information

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 # _____