



# **BUSINESS LICENSE APPLICATION**

**CITY OF IMPERIAL**  
**Administrative Services Department**  
420 South Imperial Avenue  
Imperial, CA 92251  
Phone (760)355-3807  
Fax (760) 355-4718  
azamudio@cityofimperial.org

## **INSTRUCTIONS**

- 1. If you are applying for a Business License, please complete the attached Business License application. DO NOT LEAVE ANY BLANKS.**
- 2. All businesses must show proof of Workman's Compensation Insurance. Please attach a copy of your latest policy to this form. If you do not have any employees, please complete and sign the Workman's Compensation Declaration portion of the application.**
- 3. Businesses may also be obligated to submit proof of liability insurance.**
- 4. Sales or use tax may apply to your business activities. You may seek written advice regarding the application of tax to your particular business by writing to the nearest State Board of Equalization office. For general information, please call the Board of Equalization at (800) 400-7115. You may also contact the local office of the Board of Equalization at (760) 352-3431.**
- 5. All businesses must obtain a fire inspection clearance from the Imperial County Fire Department. The Imperial County Fire Department can be reached at (760) 355-1191, between 8:00 a.m. to 5:00 p.m. Monday through Friday.**
- 6. All businesses operating out of a residence are subject to a one-time home occupancy fee of \$60.00, payable upon initial receipt of a business license.**

**Imperial City Code Chapter 12, section 12-1 states- "It shall be unlawful for any person to commence, conduct or carry on, within the City of Imperial, any business, occupation, show, exhibition or game without first procuring a license to do so".**



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Please Check All that Apply:	<input type="checkbox"/> Commercial Business	<input type="checkbox"/> Home Occupation	<input type="checkbox"/> Independent Contractor
	<input type="checkbox"/> New Business	<input type="checkbox"/> Change of Owner	<input type="checkbox"/> Change of Address

Business Name: \_\_\_\_\_

Business Address (location): \_\_\_\_\_  
\_\_\_\_\_

Business Phone: \_\_\_\_\_  
Business Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
\_\_\_\_\_

Business Description: \_\_\_\_\_

Ownership:  Single Ownership  Corporation  Partnership Business Since \_\_\_\_\_  
Contractors License No: \_\_\_\_\_ Exp: \_\_\_\_\_ State Board Resale No \_\_\_\_\_  
Federal Tax I.D. No: \_\_\_\_\_

**ENTER BELOW THE NAMES OF OWNERS, PARTNERS, OR CORPORATE OFFICERS**

Owner Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Cell: \_\_\_\_\_  
\_\_\_\_\_ E-mail: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security: \_\_\_\_\_ Drivers Lic: \_\_\_\_\_ ST. \_\_\_\_\_

Owner Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Cell: \_\_\_\_\_  
\_\_\_\_\_ E-mail: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security: \_\_\_\_\_ Drivers Lic: \_\_\_\_\_ ST. \_\_\_\_\_

Owner Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Cell: \_\_\_\_\_  
\_\_\_\_\_ E-mail: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security: \_\_\_\_\_ Drivers Lic: \_\_\_\_\_ ST. \_\_\_\_\_

*"Disclosure of owner's social security number is mandatory, as permitted under 42 USCS section 405 (c)(2)(c)(i) of the privacy act"*

**IN CASE OF EMERGENCY, PLEASE CONTACT:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell: \_\_\_\_\_

**APPLICANTS FOR HOME OCCUPATIONS MUST COMPLETE THE FOLLOWING: HOME OCCUPATIONS MUST CONFORM WITH THE REULES AND REGULATIONS OF SECTION 24.11.200 OF THE CITY OF IMPERIAL ZONING CODE. A HOME OCCUPATION IS A BUSINESS ACTIVITY CONDUCTED AS AN ACCESSORY USE IN A RESIDENTIAL DWELLING FOR THE PURPOSE OF PROFIT.**

Number of occupants residing in the dwelling to be involved in the business: \_\_\_\_\_

Describe mechanical/electrical equipment necessary to conduct business: \_\_\_\_\_

Material of products used and their manner of delivery to the business: \_\_\_\_\_

How are contacts made with clients and/or employees not authorized on the premises? \_\_\_\_\_

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**WORKER'S COMPENSATION DECLARATION**

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\_\_ I certify that in the performance of any business activities for which this license is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation Laws of California, and agree that if I should become subject to the Worker's Compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with the provisions of Section 3700.

\_\_ I have and will maintain a certificate of consent to self-insure for Worker's Compensation, as provided by Section 3700, for the duration of any business activities conducted for which this license is issued.

\_\_ I have and will maintain Worker's Compensation insurance as required by Section 3700, for the duration of any business activities conducted for which this license is issued.

Carrier: \_\_\_\_\_ Policy#: \_\_\_\_\_

***I declare under penalty of perjury that the information contained in this application is true and correct to the best of my knowledge and belief.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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\_\_ Approve    \_\_ Deny Remarks \_\_\_\_\_

Date: \_\_\_\_\_ Finance Department \_\_\_\_\_

\_\_ Approve    \_\_ Deny Remarks \_\_\_\_\_

Date: \_\_\_\_\_ Fire Department \_\_\_\_\_

\_\_ Approve    \_\_ Deny Remarks \_\_\_\_\_

Date: \_\_\_\_\_ Chief of Police \_\_\_\_\_

\_\_ Approve    \_\_ Deny Remarks \_\_\_\_\_

Date: \_\_\_\_\_ Planning Manager \_\_\_\_\_

\_\_ Approve    \_\_ Deny Remarks \_\_\_\_\_

Date: \_\_\_\_\_ City Clerk \_\_\_\_\_

\_\_ Approve    \_\_ Deny Remarks \_\_\_\_\_

Date: \_\_\_\_\_ City Manager \_\_\_\_\_



All home business must comply with Imperial Zoning Code Section 24.11.200, which states that following:

- A. Home occupations may be permitted only when in compliance with the conditions listed herein. A business license must be issued prior to operation of such use. The fee shall be in accordance with those adopted by City Council resolution.

There shall be no stock-in-trade other than products used in the home occupation.

- \_\_\_\_\_ 1. A home occupation shall be conducted entirely within a dwelling, if in an attached or a detached garage; it shall not impede the use of said garage for vehicle storage.
- \_\_\_\_\_ 2. No exterior alterations of the dwellings shall be made which would change the residential character of the home to accommodate the Home Occupation.
- \_\_\_\_\_ 3. Electrical or mechanical equipment which creates visible or audible interference in radio or television receivers or causes fluctuations in line voltage outside the dwelling unit shall be prohibited.
- \_\_\_\_\_ 4. Only the residents of the dwelling unit may be engaged in the Home Occupation.
- \_\_\_\_\_ 5. The establishment and conduct of a Home Occupation shall not change the principal character or use of the dwelling unit involved.
- \_\_\_\_\_ 6. There shall be no signs other than those permitted by this ordinance.
- \_\_\_\_\_ 7. The required residential off-street parking shall be maintained.
- \_\_\_\_\_ 8. A Home Occupation shall not create vehicular or pedestrian traffic in excess of that which is normal for the zone in which it is located.
- \_\_\_\_\_ 9. No vehicles or trailers (including pick-up trucks and vans) or construction or other equipment, except those normally incidental to residential use, shall be kept on the site.

***I have read and understand the above information and will comply. I further understand that any violation of the Code will result in my license being suspended and/or revoked:***

Date: \_\_\_\_\_ Signature: \_\_\_\_\_