



BUSINESS LICENSE APPLICATION

CITY OF IMPERIAL
Finance 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.
7. On September 19, 2012 Governor Brown signed into law SB-1186 which adds a stale fee of \$1 on any applicant for a local business license or similar instrument or permit, or renewal thereof. The purpose is to increase disability access and compliance with construction-related accessibility requirements and to develop educational resources for businesses in order to facilitate compliance with federal and state disability laws, as specified.

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

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".

Please note that if you are no longer conducting business in the City of Imperial, you will need to state that in writing.



**CITY OF IMPERIAL
Finance Department**

420 South Imperial Avenue
Imperial, CA 92251
Phone (760) 355-3807
Fax (760) 355-4718
azamudio@cityofimperial.org

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 RULES 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? _____

WORKER'S COMPENSATION DECLARATION

__ 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: _____

__ 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: _____