



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

## BUSINESS LICENSE APPLICATION INSTRUCTION FOR SWAP MEET MERCHANTS

1. Garage Seller - If you are selling your own used personal merchandise, have cleaned out your closets, or garage, and will be selling items you no longer use or need, you can sell up to two (2) times in a calendar year at no charge. (*EXEMPT FROM SELLER'S PERMIT*). If you sell more than two (2) times in a calendar year, then a Business License and Seller's Permit will be required.
2. If you are applying for a Business License, please complete the attached Business License application. *DO NOT LEAVE ANY BLANKS*.
3. Required. 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 any business, occupation, show, exhibition or game, without first procuring a license to do so." Garage sellers of more than two (2) times per year at the Imperial Swap Meet must have a City Business License.
4. Business License ANNUAL FEE **\$64.00** per year, plus item #7.
5. A Seller's Permit is required for any retail business indicating your *Imperial* location. Please provide a copy of your Seller's Permit with this application to expedite processing. 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, 1550 West Main Street, El Centro, CA 92243 or (760) 352-3431.
6. Merchant booth may require an inspection clearance from the Imperial County Fire Department upon notification.
7. On September 19, 2012 Governor Brown signed into law SB-1186 which adds a state 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 law at the following agencies:

- The Division of the State Architect at [www.dgs.ca.gov/dsa/Home.aspx](http://www.dgs.ca.gov/dsa/Home.aspx)
- The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov)
- The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov)

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



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## SWAP MEET BUSINESS LICENSE APPLICATION

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

Business Address (location): **385 WEST ATEN, IMPERIAL, CA 92251**

**Mailing Address:** \_\_\_\_\_

E-mail: \_\_\_\_\_ **Business Phone:** \_\_\_\_\_ Business Fax: \_\_\_\_\_

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

Ownership:  Single Ownership  Corporation  Partnership Business Since \_\_\_\_\_

**Seller's Permit No** \_\_\_\_\_ **Federal Tax I.D./Social Security No.** \_\_\_\_\_

*(A copy must be attached to application indicating Imperial location.)*

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

**Owner Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Social Security:** \_\_\_\_\_ **Drivers Lic:** \_\_\_\_\_ **ST.** \_\_\_\_\_

**Owner Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**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:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**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.**

**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:** \_\_\_\_\_

**Application must be approved by the following Department's prior to issuance of Business License.**

Approve     Deny Remarks \_\_\_\_\_

Date: \_\_\_\_\_    **Finance Director** \_\_\_\_\_

Approve     Deny Remarks \_\_\_\_\_

Date: \_\_\_\_\_    **Planning Director** \_\_\_\_\_

Approve     Deny Remarks \_\_\_\_\_

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

Approve     Deny Remarks \_\_\_\_\_

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

Approve     Deny Remarks \_\_\_\_\_

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

Approve     Deny Remarks \_\_\_\_\_

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

**Date Application was submitted:** \_\_\_\_\_

**Date Application was issued:** \_\_\_\_\_