



11710 Telegraph Road • CA • 90670-3679 • (562) 868-0511 • Fax (562) 868-7112 • [www.santafesprings.org](http://www.santafesprings.org)

*"A great place to live, work, and play"*

## **INSTRUCTIONS**

DEAR BUSINESS OWNER:

We welcome you and want you to know that we appreciate your decision to become a part of our business community. The attached application package contains forms you will need to complete to apply for your Business License. Please hand deliver the completed forms to the Finance & Administrative Services Department to receive your license:

1. **BUSINESS LICENSE APPLICATION FORM** – This form must be reviewed and approved by the **Planning Department**. The Planning Department counter is located at the City Hall and staff is available **7:30 am – 11:30 am & 2:00 pm – 4:30 pm**, Monday – Friday (closed alternate Fridays.)

**Please Note:** The Business Operations Tax Certificate, also referred to as a Business License, is issued on an annual basis, beginning July 1<sup>st</sup>, and **expiring June 30<sup>th</sup>** of each year. New operations commenced after July 1<sup>st</sup> will be prorated for the balance of the license period **on a quarterly basis**.

2. **STATEMENT OF INTENDED USE (SIU) FORM** – New businesses, relocating businesses, or businesses with an ownership change must complete this form. The Department of Fire-Rescue (Fire-Rescue) will conduct a new business/new location inspection after the business license is issued. Please complete this form using an ink pen. All questions must be answered.
  - a. If you answered "NO" to all the questions on the SIU form, no further Departmental approvals are required.
  - b. If you answered "YES" to any question on the form, please take the SIU form to **Fire-Rescue Headquarters** counter, located at 11300 Greenstone Avenue, for review and approval by the Environmental and the Fire Prevention Divisions. Counter hours are **7:30 a.m. to 10:00 a.m.**, Monday through Thursday.
  - c. If you have answered "YES" to any **questions numbered 6–12**, (shaded area of the SIU form), please also take this form to the **Building Department** counter at City Hall, **after visiting the Fire-Rescue Headquarters**. This is for them to determine the occupancy group (use) classification of the business location according to the Building Code.

On January 01, 2020, a new law **Senate Bill 205** passed, which requires a person applying for a new or renewed business tax certificate to demonstrate enrollment under the NPDES Industrial Storm Water General Permit when conducting regulated industrial activities. If the business is required to obtain this permit, it can be obtained on-line through the Board's Storm Water Multiple Application and Report Tracking System (SMARTS)

<https://smarts.waterboards.ca.gov/smarts/faces/swsmartslogin.xhtml>

Building Department counter hours are **8:00 a.m. to 11:00 a.m.** Monday – Friday (closed alternate Fridays.) *An appointment with the Plancheck Engineer is recommended (562-868-0511 x7560).*

**Please Note:** *Should the Building Department determine that the proposed use of the building (business location) is to be different from one of the original permitted uses for the building, then additional permitting will be required for this proposed use prior to the occupancy of the building. This is to ensure that the building is properly equipped and is in compliance with the Building Codes requirements for housing this new use. Common examples of such a “change of occupancy” include a change of use to woodworking shops, cabinet/furniture manufacturing establishments, auto body/auto repair shops and etc.*

3. **EMERGENCY CONTACT/NOTIFICATION INFORMATION** – In an effort to update business emergency information, please complete the Emergency Contact/Notification Information form. This form is retained at the **Police Services Center** for reference. Copies of the form will be sent to Fire-Rescue Headquarters and the Whittier Police Department for entry into their computer dispatch system.

**After all forms are completed and approved by the applicable Departments, please hand-deliver them to the Finance & Administrative Services Department (Cashier’s Counter) at City Hall to receive your Business License.**

The Cashier’s Counter hours are **7:30 a.m. to 5:30 p.m.** Monday – Friday (closed alternate Fridays.) All forms of payments are accepted.

Should you have any questions or concerns regarding this process, please call the Finance Department at (562) 409-7527.





# Finance and Administrative Services

11710 Telegraph Rd.  
Santa Fe Springs, CA 90670  
562.868.0511 ♦ FAX 562.868.7112 ♦ www.santafesprings.org

**MUST BE  
RETURNED  
IN PERSON**

## BUSINESS LICENSE APPLICATION-Business Operation Tax Certificate

Office Use Only:

Business License #: \_\_\_\_\_ Date Applied: \_\_\_\_\_ Received By: \_\_\_\_\_

*This application is a public record pursuant to the California Public Records Act. In the event that the City receives a request for inspection or copying of this record, the City will comply, except that the City will not provide Social Security numbers and/or confidential financial records.*

BUSINESS NAME/DBA \_\_\_\_\_ CORPORATE NAME \_\_\_\_\_  
(Please Print) (If Applicable)

BUSINESS ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
(If different from business address)

BUSINESS PHONE \_\_\_\_\_ ON-SITE CONTACT \_\_\_\_\_

ADDITIONAL PHONE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

### BUSINESS DESCRIPTION (Describe in detail the activity of the proposed business)

\_\_\_\_\_  
\_\_\_\_\_

Business Start Date at Address Listed Above: \_\_\_\_\_

BUSINESS OWNER \_\_\_\_\_ TITLE \_\_\_\_\_  
(President Name if a Corporation/LLC)

BUSINESS OWNER \_\_\_\_\_ TITLE \_\_\_\_\_  
(2<sup>ND</sup> if applicable)

RESIDENCE ADDRESS \_\_\_\_\_  
(P.O. Box/Business Address is not valid-only one owner's information is needed)

OWNERSHIP TYPE ☐ Corporation ☐ LLC ☐ Partnership ☐ Sole Proprietor/Driver's License # \_\_\_\_\_  
(Check One)

FEDERAL TAX ID# \_\_\_\_\_ - \_\_\_\_\_

ID # \_\_\_\_\_  
Driver License, Municipal ID, Social Security (Optional)

STANDARD INDUSTRIAL CLASSIFICATION (SIC) # \_\_\_\_\_  
(North American Industry Classification System (NAICS) # also acceptable  
Based on the activity of your business) <https://www.osha.gov/pls/imis/sicsearch.html>

SALES TAX # \_\_\_\_\_  
(Sales Tax may apply to your business activities. You may seek written advice regarding the  
application of tax to your particular Business by contacting the State Board of Equalization)

WASTE DISCHARGE ID (WDID) # \_\_\_\_\_  
NPDES WDID#. For NEC and NONA facilities, list the NEC# or NONA#

*\*Businesses may only contract with one of the  
following authorized Solid Waste Contractors*

TRASH HAULER\* ☐ Consolidated /Republic Service ☐ CR & R ☐ Serv-Wel Disposal Company

*The above information is true and correct to the best of my knowledge and belief.*

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

*Before issuance of a Business License, approval must be obtained from the Department of Planning and Development to verify if the proposed use is permitted by the City Zoning Ordinance.*

Office Use Only:

Planning and Development Approval by: \_\_\_\_\_ Date: \_\_\_\_\_

Zone: \_\_\_\_\_ Code Section: \_\_\_\_\_ Notes: \_\_\_\_\_

# FEE SCHEDULE

## NEW APPLICANT FEE COMPUTATION

*Business Tax is based on a Fiscal Year July 1 – June 30  
Business Tax is prorated Quarterly for New Businesses  
Business Tax is based on Employee Count*

EMPLOYEE COUNT: \_\_\_\_\_

0-5 Employees \$ 100.00

Plus \$4.00 for every employee over 5 \$ \_\_\_\_\_

Plus \$2.00 for every employee over 300 \$ \_\_\_\_\_

Subtotal \$ \_\_\_\_\_

### Prorating Employee Tax

July/Aug/Sept <input type="checkbox"/> 100%	Oct/Nov/Dec <input type="checkbox"/> 75%	Jan/Feb/March <input type="checkbox"/> 50%	April/May/June <input type="checkbox"/> 25%
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(If Applicable) Recalculated \$ \_\_\_\_\_

Processing Fee \$ 50.00

State Mandated Fee (AB1379)\* \$ 4.00  
*(Non-profit organizations are also subject to this fee)*

Statement of Intended Use \$ See form for calculation  
*(Fire Inspection Fee) Required for all new businesses*

**GRAND TOTAL** \$ \_\_\_\_\_

Businesses not located in Santa Fe Springs

See Miscellaneous  
Application

## FINANCE OFFICE USE ONLY

Business Start Date \_\_\_\_\_

Fiscal Year \_\_\_\_\_

### Prorating Employee Tax

July/Aug/Sept <input type="checkbox"/> 100%	Oct/Nov/Dec <input type="checkbox"/> 75%	Jan/Feb/March <input type="checkbox"/> 50%	April/May/June <input type="checkbox"/> 25%
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Employee Count \_\_\_\_\_

Employee Tax (Current Year) \$ \_\_\_\_\_

Previous Year (s)

\_\_\_\_\_ \$ \_\_\_\_\_  
*(Specify Year)*

\_\_\_\_\_ \$ \_\_\_\_\_  
*(Specify Year)*

Penalty \_\_\_\_\_% \$ \_\_\_\_\_

Processing Fee \$ \_\_\_\_\_

State Mandated Fee (AB1379)\* \$ 4.00

Other \_\_\_\_\_ \$ \_\_\_\_\_  
*(Specify other)*

Subtotal \$ \_\_\_\_\_

Statement of Intended Use \$ \_\_\_\_\_

**GRAND TOTAL DUE** \$ \_\_\_\_\_

## EXISTING BUSINESS WITH CHANGE FEE COMPUTATION

*(Fees for changes apply only if Business License is current)  
(If two or more changes are taking place, it is considered a new Business)  
-see above calculation*

Change of Ownership ☐ \$ 30.00

Change of Address ☐ \$ 30.00

Change of Status or DBA ☐ \$ 5.00

Statement of Intended Use \$ See form for calculation  
*(Fire Inspection)  
Required for Change of Ownership or Change of Address*

Change of Ownership *(List previous Business Owner/President)*

Change of Address *(List previous Business Address)*

Change of Status or DBA *(List previous information)*

Business License No. \_\_\_\_\_  
*(Previous Owner/Address/DBA)*

Expiration Date \_\_\_\_\_

*\*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](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)*





Fire Dept. approval available  
Mon-Thurs, 7:30-10:00

11300 Greenstone Avenue • CA • 90670-4619 • (562) 944-9713 • Fax (562) 941-1817 • www.santafesprings.org

DEPARTMENT OF FIRE-RESCUE

STATEMENT OF INTENDED USE

Please see the attached instructions to complete this form

Business Name										Date of Occupancy / /											
Site Address										Unit #		Telephone ( )									
*SIC						WDID #	4	1	9												
The following information is required before a new business inspection can take place. Inspections are performed by the Fire Department. Deviation from this statement may affect your occupancy classification and could require building and/or fire protection upgrades. <b>You must notify the City's Building and Fire Department before making any changes in use/occupancy.</b>																					

BUSINESS COMPLETES THIS SECTION

Check the Appropriate Boxes Below		YES	NO	Check the Appropriate Boxes Below		YES	NO
1	Will you warehouse merchandise, goods, commodities, etc. exceeding 12 feet in height in solid piles, in racks and/or 6 feet in height for certain high hazard commodities such as rubber tires, foams, plastics, flammable liquids, idle-pallets or similar commodities?			9	Will you store, use, or handle any type of chemical in containers, drums, tanks, cylinders, etc.?		
				10	Will assemblies in excess of 49 persons take place on your premises? (Conference rooms, lunchrooms, restaurant, etc.)		
2	Will you be cooking food commercially?			11	Will you produce combustible dust? (Wood working, sanding/grinding of any wood material, metal polishing, etc.)		
3	Will you be using a new or existing spray booth?			12	Will you be repairing vehicles inside the building?		
4	Will you be using industrial baking or drying ovens?			13	Will you be using and/or installing any type of tank? (Above or below ground, dip, etc.)		
5	Will you be welding or cutting?			14	Will you generate, accumulate, transport, or treat any hazardous waste? (Used oil, spent parts cleaner solution, waste anti-freeze, waste ink, waste paint thinner, metal sludge, etc.)		
6	Will you store, use, handle any explosives, blasting agents or radioactive materials?						
7	Will you store, handle, or use compressed gases including propane?			15	Will you generate and/or discharge any wastewater (non-domestic) to the sewer system?		
8	Will you apply flammable and/or combustible finishes through spraying, dipping, powder coating, etc.?			16	Enter your Standard Industrial Classification code (*SIC) above. SIC lookup: <a href="http://www.osha.gov/pls/imis/sicsearch.html">www.osha.gov/pls/imis/sicsearch.html</a>		

Provide brief description of business operations:

The above information is correct and true to the best of my knowledge. Failure to provide correct information may result in fines up to \$2,000 per day of violation and/or imprisonment. The City of Santa Fe Springs is not responsible for any losses resulting from any permitted process.

Fees Due: New Business/New Location Inspection Fees (Check appropriate box below). Fee to be paid at City Hall.

☐ Up to 100,000 sq. ft. per floor \$ 215 . Approximate sq. ft.            . ☐ Over 100,000 sq. ft. per floor \$ 420 . Approximate sq. ft.            .

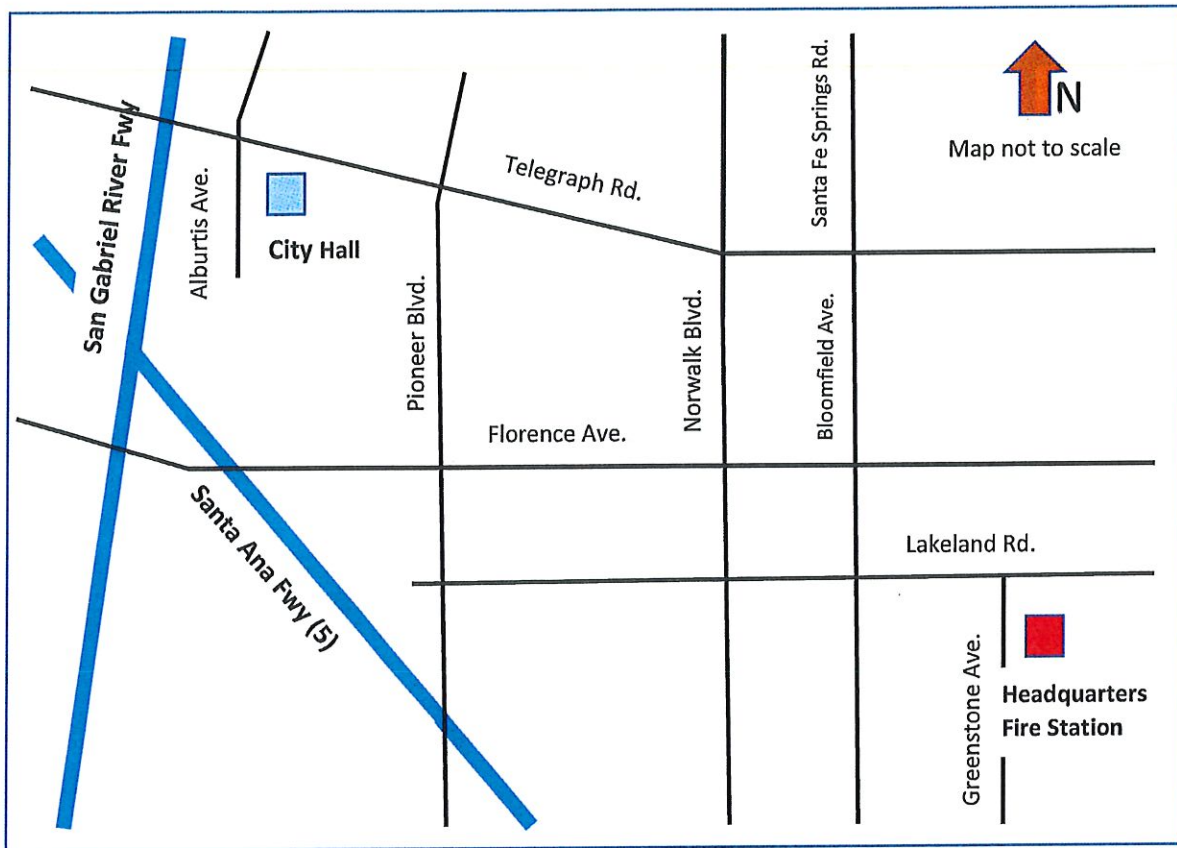
			/ /
Signature of Responsible Party	Print Name	Title	Date

BUILDING DEPARTMENT COMPLETES THIS SECTION

The use of this business is classified as a Group <u>      </u> occupancy per the CA Building Code <u>      </u> (initial) Date / /
Comments:
<input type="checkbox"/> Occupancy group classification is based upon applicant statements made to the Fire Department regarding quantities of chemicals handled.
<input type="checkbox"/> Occupancy group classification is based upon the Chemical Classification forms completed by the applicant and reviewed by the Fire Department.
<input type="checkbox"/> Existing establishment (possibly non-conforming), no change in the nature of business, change of name/ownership only.
<input type="checkbox"/> See the backside of this sheet for conditions of approval (Building Code Requirements).

FIRE DEPARTMENT COMPLETES THIS SECTION

Permits: <input type="checkbox"/> HMBP <input type="checkbox"/> HWG <input type="checkbox"/> APSA <input type="checkbox"/> CalARP <input type="checkbox"/> UST <input type="checkbox"/> IW <input type="checkbox"/> SW <input type="checkbox"/> CFC	Comments:
Chemicals handled are below the California Fire Code maximum allowable quantities per applicant statements. <input type="checkbox"/> YES <input type="checkbox"/> *NO	*Chemical Classification forms provided to business representative: / /
FIRE DEPARTMENT REVIEW _____ FPD _____ EPD	



Conditions of Sign-off for this Statement of Intended Use (Building Code Requirements)			
The proposed use of this tenant space results in a change of occupancy group classification of the building (or portions occupied) from _____ to _____. I understand and agree that this tenant space may not be occupied until a "Change of Occupancy" permit is issued, and the site is inspected and approved by the City of Santa Fe Springs Building Department.			
I have read the above statement(s), and fully understand all the requirements.			
			/ /
Signature of responsible party	Print name	Title	Date



## Industrial Storm Water Program Requirement

All facilities with operations defined as one of the following 4-digit Standard Industrial Classification (SIC) codes must obtain a Waste Discharge Identification number (WDID), issued by the State Water Resources Control Board, before applying for a City Business License. The WDID number can be obtained on-line through the Board's Stormwater Multiple Application and Report Tracking System (SMARTS) <https://smarts.waterboards.ca.gov/smarts/faces/SwSmartsLogin.xhtml>.

Go to OSHA's website (<https://www.osha.gov/pls/imis/sicsearch.html>) for assistance in determining the correct SIC code.

SIC CODE	TYPE OF OPERATION
Any SIC from 2011 through 4581	Manufacturing, production or transportation
5015, 5093, 5171	Wholesale trade of used auto parts, scrap and waste material or petroleum
4911, 4952, 4953	Electric services, sewerage services or refuse systems
0272	Horse and other equine farms
Any SIC from 0251 through 0259	Poultry and eggs production
Any SIC from 0211 through 0214	Cattle, hogs, sheep and goats livestock
0241	Dairy farms
Any SIC from 1011 through 1499	Mining



**CITY OF SANTA FE SPRINGS  
DEPARTMENT OF POLICE SERVICES  
EMERGENCY CONTACT/NOTIFICATION INFORMATION**

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

Manager/Supervisor: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_ Bus. Hours: \_\_\_\_\_

Emergency Contacts: \_\_\_\_\_ Hours Employees Normally On-Site: \_\_\_\_\_

Name	Home Phone #	Cell #/Pager #
_____ (    ) _____	_____ (    ) _____	_____ (    ) _____
_____ (    ) _____	_____ (    ) _____	_____ (    ) _____
_____ (    ) _____	_____ (    ) _____	_____ (    ) _____

Designated Emergency Preparedness Employee:

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

Home Phone #: (    ) \_\_\_\_\_ Cell #/Pager #: (    ) \_\_\_\_\_

On-Site Security Provisions:      Yes      No      (circle one)

Security Company: Name \_\_\_\_\_ Phone #: (    ) \_\_\_\_\_

Security

Alarm Company: Name \_\_\_\_\_ Phone #: (    ) \_\_\_\_\_

Alarm Account #: \_\_\_\_\_

Are you interested in receiving information about the  
City's Business Emergency Preparedness Network?      Yes      No      (circle one)

Original Copy-Police Services

Pink Copy-Fire

Yellow Copy-HazMat