



Finance and Administrative Services

11710 Telegraph Rd.
Santa Fe Springs, CA 90670

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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 _____
(2ND 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) # _____ SALES TAX # _____
(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 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#

TRASH HAULER* [] Consolidated /Republic Service [] CR & R [] Serv-Wel Disposal Company
*Businesses may only contract with one of the following authorized Solid Waste Contractors

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	Oct/Nov/Dec	Jan/Feb/March	April/May/June
<input type="checkbox"/> 100%	<input type="checkbox"/> 75%	<input type="checkbox"/> 50%	<input type="checkbox"/> 25%

(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	Oct/Nov/Dec	Jan/Feb/March	April/May/June
<input type="checkbox"/> 100%	<input type="checkbox"/> 75%	<input type="checkbox"/> 50%	<input type="checkbox"/> 25%

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 • The Department of Rehabilitation at: www.rehab.cahwnet.gov • The California Commission on Disability Access at: www.cdda.ca.gov*