City of Beaumont

550 E. 6th Street
Beaumont, CA 92223
(951) 769-8520
www.ci.beaumont.ca.us

NEW BUSINESS APPLICATION
(PLEASE READ ALL INFORMATION CAREFULLY BEFORE FILLING OUT THE APPLICATION)

Please completely fill out the attached Administrative Plot Plan (APP) application and return it to the City of Beaumont along with the following items:

1. Site plan on 8 ½ X 11 sheet of paper showing how your business will be set up. Please include dimensions, locations of restroom(s), office, handicap access (if required), etc;
2. Check in the amount of $30.00 plus Business License Fees; (Non-Refundable)
3. Completed business license application <u>with applicable fees (please see the back of your business license application for the appropriate fees to pay);</u>
4. Completed "Police Dept. Emergency Contact Form;"
5. Completed AQMD form;
6. If necessary, Completed Sign Permit Application with applicable fees.

Once your completed application has been submitted and the necessary fees have been paid, the Planning Director will review all information submitted and send a letter to the applicant approving the project with certain conditions or denying the project with additional information requested.

Once an approval is received from the Planning Director, the business can begin to set up. When the set up of the business is complete, the applicant must contact the Building Dept. at 769-8529 and the Fire Dept. at 845-3718 to request a "business license inspection." Both inspections must be done and approved before your actual business license will be issued.

The original will be mailed to the business owner only after Planning, Building, Fire, and Police have signed off on the business license application. (Please note: the Police Dept. does not do an onsite inspection unless firearms are being sold from the business. They do, however, sign the business license application as an informational item only.)

REMEMBER!! Your business license will expire on June 30 of the following year and must be renewed. You will receive a renewal sometime in June. Please follow the instructions sent with the renewal. **If you do not receive a renewal in June, it is your responsibility to contact us to renew.**

If you have any questions at all, please do not hesitate to contact us. We will be happy to walk you through the process step by step. Good luck with your business venture.

City of Beaumont

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(951) 769-8520
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Case No.: _____
Fees: _____ Receipt No.: _____
Date: _____ Initials: _____

ADMINISTRATIVE PLOT PLAN APPLICATION

1. Business Name _____Business Phone_____

2. Business Address _____

3. Applicant's Name _____Phone_____

4. Applicant's Address _____
City/State/Zip

5. Landowner's Name _____Phone_____

6. Landowner's Address _____
City/St/Zip

7. Agent's Name _____Phone_____

8. Agent's Address _____
City/St/Zip

9. Describe your business activities (i.e. what you will be selling, services you will be performing, etc.):
_____
_____

10. Is your property in Escrow?_____If so, closing date?_____(please note: sewer service will be transferred to the new property owner's name effective the close of escrow date.)

11. Is the building fire sprinklered? _____Yes _____No

12. Square Footage _____ Construction Type _____ Occupancy Type _____

13. Area for additional comments, clarifications, etc.
_____
_____

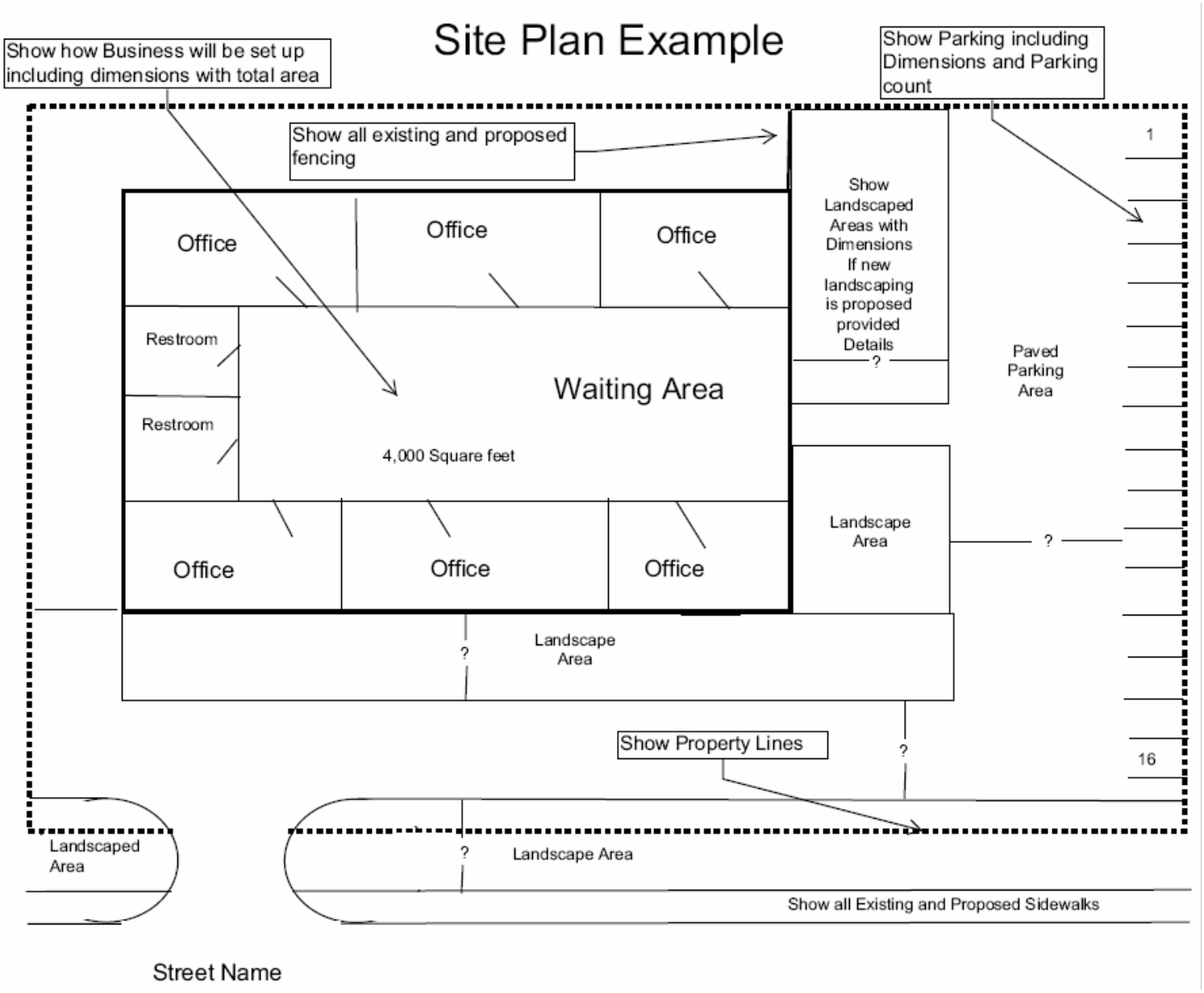
14. **CERTIFICATION OF ACCURACY AND COMPLETENESS:** I hereby certify that to the best of my knowledge the information in this application and all attached answers and exhibits are true, complete, and correct. All signatures must be completed. If one or more of these signatures are the same, simply re-sign. Thank you.

_____

Print Name and Sign – Applicant Date

_____

Print Name and Sign – Landowner/Agent Date



Police Department

City of Beaumont

660 Orange Avenue
Beaumont, CA 92223-2253
Phone: (951) 769-8500 · Fax: (951) 769-8506
City Hall (951) 769-8520
www.ci.beaumont.ca.us

Business Contact Information

Name of Business _____

Address _____

Email _____ Phone Number: ( ) -

Business Hours:	: (am/pm) to : (am/pm)	: (am/pm) to : (am/pm)	: (am/pm) to : (am/pm)
Business Days:	-	-	-

Please give the names and phone numbers of persons to be contacted during an emergency. These contact should have keys to the business, alarm codes, and should be able to supply information about the business.

(1) Name: _____ Phone: ( ) - Cell: ( ) -

(2) Name: _____ Phone: ( ) - Cell: ( ) -

(3) Name: _____ Phone: ( ) - Cell: ( ) -

(4) Name: _____ Phone: ( ) - Cell: ( ) -

Alarm Company: _____ Phone Number: ( ) -

Area Covered: _____

Location of Safe: _____

Location of Hazardous Material: _____

Type(s) of Hazardous Material: _____

Additional Information: _____

City of Beaumont
Residential and Commercial Alarm System Application

Pursuant to Beaumont Municipal Code Chapter 8.36 Sections 8.36.010 to 8.36.150 The City of Beaumont is requiring an Alarm Users License from the Department of Building and Safety. The purpose of this ordinance is to protect public health, safety and welfare by regulating alarm systems in order to reduce false alarms and the public service costs incurred in responding to such alarms.

Primary Alarm User Information

Alarm Business Name: _____

Primary Alarm User Name: _____
Last First M.I.

Address: _____
Street Apt# City State Zip

Mailing Address (if different): _____
Street Apt# City State Zip

Primary Contact Phone: (____)_____Cell: (____)_____

Email address: _____

Would you like your renewal notification to be sent via: (check one) ☐ email, or ☐ mailing address

Location of Alarm

Address (if different than above): _____
Street Apt#

Location of Alarm in Residence: _____

Types of Activations Reports by System:

	Audible	Silent
Intrusion	☐	☐
Fire	☐	☐
Medical Emergency	☐	☐
Panic (if applicable)	☐	☐
Other:	☐	☐

If Other please describe:_____
_____
_____
_____

Name Alarm Company: _____

Address: _____
Address City State

Phone Number for 24-Hour Monitoring: (____)_____

Date of Installation: _____

Secondary Contact Information

In the event that the primary contact cannot be reached *at least one* (1) secondary contact is required to be listed as an authorized user of the alarm.

Name: _____
Last First M.I.

Relation to Primary Contact:_____

Contact Phone Number: (____)_____ Cell: (____)_____

Additional Contacts *(required for non-residential installations)*

Name: _____
Last First M.I.

Relation to Primary Contact:_____

Contact Phone Number: (____)_____Cell: (____)_____

Name: _____
Last First M.I.

Relation to Primary Contact:_____

Contact Phone Number: (____)_____Cell: (____)_____

I certify that the above contacts and I are authorized to operate the system and have been properly trained in the use of the system by an alarm business, the subscriber or by the owner of the alarm system.

Signature:_____Date:_____

Terms and Conditions

- Licenses expire on June 30th of every year.
- You will be notified of the need to renew the license; however, It shall be the responsibility of the alarm user to submit an application to renew prior to the expiration date.
- Failure to renew shall be classified as use of an unpermitted alarm system and the user shall be cited under Section 8.36 for each false alarm until the license is obtained.
- An alarm and alarm user shall be placed on a "No Response" list after police responses to six (6) false alarms within twelve (12) consecutive months. While on the "No Response" list, police response will only be made when there is other independent information that an emergency has or is occurring.
- Violations of Beaumont Municipal Code 8.36 are subject to fines and other measures outlined below.

Responsibilities of the Alarm User:

- To not manually activate an alarm except when an immediate emergency response is needed.
- To inactivate or cause to be inactivated an audible alarm within fifteen (15) minutes of activation.
    - Audible alarms shall be equipped with an automatic reset mechanism capable of terminating the audible sound within fifteen (15) minutes after activation.
    - If the alarm continues to emit an audible sound in excess of fifteen (15) minutes, after reasonable efforts to contact the alarm user that monitors such alarm, the Chief of Police, or his/her designee, may cause such alarm to be disconnected. The alarm user shall pay the cost of such disconnection.
- To be familiar with the alarm system operating instructions, including those for verification of an alarm.
- To train or cause to be trained any and all persons who might have reason and authority to control the alarm system, in the proper operation of the system.
- To inform persons who are authorized to operate the alarm system of the provisions of this Ordinance, emphasizing the importance of avoiding false alarms.
- To notify the alarm system-monitoring company of a false alarm activation as soon as the user is aware of the false alarm.
- To notify the Director of Building & Safety when the alarm is deactivated or the applicant has moved from the location of the alarm and is no longer responsible for its operation.
- To maintain or cause to be maintained the alarm system in good working order and to take measures to prevent the occurrence or reoccurrence of false alarms
- To inspect or cause to be inspected the alarm system at least once each twelve (12) months.
    - The alarm user shall notify the Beaumont Police Department Dispatch Center before any service, test, repair, maintenance, alteration or installation of the alarm system that may cause a false alarm.
- To document the condition of the alarm system and the remedial actions taken to prevent false alarms.

Penalty for Violation of BMC 8.36:

Any person violating any provision of the chapter shall be deemed guilty of an infraction or misdemeanor as hereinafter specified:

- Guilty of an infraction offense and punished by a fine not exceeding One Hundred Dollars ($100.00) for the first violation;
- Guilty of an infraction offense and punished by a fine not exceeding Five Hundred Dollars ($500.00) for the second violation;
- The third and any additional violations of the same provision within twelve (12) consecutive months shall be punishable by a fine not exceeding One Thousand Dollars ($1,000.00) or six (6) months in jail or both.

Alarm License Fee Schedule:

NO FEE IS CURRENTLY BEING CHARGED BY THE CITY OF BEAUMONT

I certify that I have read this application and state that the information given is correct. I agree to comply with the statutes related to Chapter 8.36 of the Beaumont Municipal Code.

Signature: _____ Date: _____

South Coast
Air Quality Management District
21865 Copley Drive, Diamond Bar, CA 91765-4182
(909) 396-3529 • http:// www.aqmd.gov

Air Quality Permit Checklist

California Government Code Section 65850.2 prohibits cities from issuing an occupancy permit to a business without clearance from the local air quality agency. This Checklist will determine if you need to obtain clearance from the South Coast Air Quality Management District (AQMD).

Company Name: _____

Property Address: _____

City: _____ Zip Code: _____

Contact Person: _____ Title: _____

Type of Business: _____ Telephone: _____

Fax Number: _____ e-mail address: _____

Applicant (print name):_____ Signature: _____

Date: _____

- Will the facility have any of the following equipment? Yes ☐ No ☐
  - Charbroiler
  - Dry cleaning machine
  - Spray booth
  - Printing press (screen/lithographic/flexographic)
  - Internal combustion engine greater than 50 HP (excluding motor vehicles)
  - Boiler/combustion equipment (greater than 1 million BTU/hr. maximum input)
  - Abrasive blasting cabinet/room
  - Baghouse/cartridge-type dust filter/scrubber
  - Motor fuel storage and dispensing equipment
- Will any of the following operations be performed? Yes ☐ No ☐
  - Application of paints or adhesives
  - Etching, plating, casting, or melting of metals
  - Molding, extruding, or curing of plastics
  - Mixing and blending of liquids and/or powders
  - Storage of acids, solvents, organic liquids, or fuels
  - Production of fumes, dust, smoke, or strong odors

If you answered "No" to both questions, this checklist is your clearance from AQMD. If you answered "Yes" to either question, you must contact AQMD to determine if air quality permits are required. If permits are needed, AQMD will assist you in submitting permit application(s) and then provide you with a clearance letter. You can call AQMD at their Small Business Assistance Office at **1-800-CUT-SMOG (1-800-288-7664).**

Revised November 2006

INDUSTRIAL WASTE SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS[1]

This form must be filled out completely, signed and dated, and submitted to the City of Beaumont, within 14 days of receipt. If you have questions on completion of the form, please call the Public Works Department at (951) 769-8520. Please answer each question as completely as possible. Incomplete forms will be returned and may delay the processing of your application for service.

1. Company name, mailing address, and telephone number:

   _____

   _____

   Zip Code:_____ Telephone Number: _____

   Email Address: _____

2. Address of production or manufacturing facility (Check if same _____)

   _____

   Zip Code:_____ Telephone Number: _____

   Email Address: _____

3. Person authorized to represent above named firm in official dealing with the City:

   Name:_____Title:_____

   Telephone Number:_____ Email Address: _____

4. Alternate person to contact concerning information provided herein:

   Name:_____Title: _____

   Telephone Number:_____ Email Address:_____

5. Type of business (auto repair, machine shop, electroplating, warehousing, painting, meat packaging, food processing, retail sales, administrative services, etc.). Include Standard Industrial Classification (SIC) Code.:

   _____

   _____

6. Provide a brief description of the manufacturing, production, or service activities your firm conducts.

   _____

   _____

   _____

7. Water consumption and types of wastes generated. Indicate with a (E) for estimated or (M) for measured after the entry:

(Check all that apply)	**Water Consumption**: Maximum Gallons Per Day	**Waste Discharge**: Maximum Gallons Per Day	**Discharged Method:**** (circle all that apply)
1. ( ) Irrigation	_____	_____	A B C D E F
2. ( ) Domestic Wastes, Restroom	_____	_____	A B C D E F
3. ( ) Heating & Air Conditioning	_____	_____	A B C D E F
4. ( ) Process Cooling Water, Non-Contact	_____	_____	A B C D E F
5. ( ) Process Cooling Water, Contact	_____	_____	A B C D E F
6. ( ) Boiler/Cooling Tower Blowdown	_____	_____	A B C D E F
7. ( ) Condensate	_____	_____	A B C D E F
8. ( ) Manufacturing Processes	_____	_____	A B C D E F
9. ( ) Food Processing	_____	_____	A B C D E F
10. ( ) Vehicle Washing	_____	_____	A B C D E F
11. ( ) Laundry	_____	_____	A B C D E F
12. ( ) Photo Processing	_____	_____	A B C D E F
13. ( ) Softener/Deionizer	_____	_____	A B C D E F
14. ( ) Cleaning Raw Materials	_____	_____	A B C D E F
15. ( ) Equipment Washdown	_____	_____	A B C D E F
16. ( ) Floor Washdown	_____	_____	A B C D E F
17. ( ) Air Pollution Control Unit	_____	_____	A B C D E F
18. ( ) Storm Water Runoff to Sewer	_____	_____	A B C D E F
19. ( ) Other _____	_____	_____	A B C D E F
TOTAL WATER CONSUMED	_____	_____	
TOTAL WASTES GENERATED (2-19)		_____	
TOTAL NON-DOMESTIC WASTES GENERATED (4-19)		_____	

* Estimated at fifteen gallons per day for each employee.

** A - Sanitary sewer
B - Storm drain or channel
C - Street
D - Ground
E - Evaporation
F - Waste hauler(s)

8. If waste haulers are used, provide names and addresses of waste haulers;

_____

_____

9. a) What is the total number of sewer floor drains at your facility? _____

   b) What is the total number of other process sewer connections at your facility?_____

   c) How many sewer floor drains are located outdoors?_____

10. Are solvents or other hazardous chemicals used or stored on-site? _____
    If so, please list the types and quantities stored (copies of Material Safety Data Sheets may be submitted).

    _____

    _____

    _____

11. If your facility employs or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), place a check beside the category of business activity (check all that apply).

Industries Regulated by Categorical Standards

[ ] Aluminum Forming
[ ] Asbestos Manufacturing
[ ] Battery Manufacturing
[ ] Can Making
[ ] Carbon Black
[ ] Centralized Waste Treatment
[ ] Coal Mining
[ ] Coil Coating
[ ] Copper Forming
[ ] Electric and Electronic Components Manufacturing
[ ] Electroplating
[ ] Feedlots
[ ] Fertilizer Manufacturing
[ ] Foundries (Metal Molding and Casting)
[ ] Glass Manufacturing
[ ] Grain Mills
[ ] Inorganic Chemicals
[ ] Iron and Steel
[ ] Leather Tanning and Finishing
[ ] Metal Finishing
[ ] Nonferrous Metals Forming
[ ] Nonferrous Metals Manufacturing
[ ] Paint and Ink Formulating
[ ] Paving and Roofing Manufacturing
[ ] Pesticides Manufacturing
[ ] Petroleum Refining
[ ] Pharmaceutical
[ ] Plastic and Synthetic Materials Manufacturing
[ ] Plastics Processing Manufacturing
[ ] Porcelain Enamel
[ ] Pulp, Paper, and Fiberboard Manufacturing
[ ] Rubber Manufacturing
[ ] Soap and Detergent Manufacturing
[ ] Steam Electric
[ ] Sugar Processing
[ ] Textile Mills
[ ] Timber Products

12. If your business plans to discharge ***<u>any manufacturing process wastewater</u>*** to the sewer system ***<u>you must provide a complete set of approved plumbing plans with this questionnaire</u>***.

<u>This is to be signed by an authorized representative[2] * of your firm after completion of this form and review of the information by the signing official.</u>

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

_____ _____

Date Signature of Representative

_____

Name

_____

Title

<u>Notes:</u>

1. In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14 and the City's Municipal Code Title 13.20 information and data provided in this questionnaire which identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2 and the City's Municipal Code. Should a discharge permit be required for your facility, the information specified in this questionnaire and additional information specified in a subsequent Application for Wastewater Discharge Permit will be used by the City in developing a Wastewater Discharge Permit.

2. An authorized representative of an Industrial User may be: (1) A responsible corporate officer, if the User submitting required reports is a corporation; (2) A general partner or proprietor if the User submitting the required reports is a partnership or sole proprietorship respectively; (3) The person in responsible charge, if the User is a governmental agency; (4) An individual with the same authority as stated in 1, 2, and 3 if the individual is responsible for the overall operation of the facility from which the discharge originates. If authorization under item 4 of this definition is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, or overall responsibility for environmental matters for the company, a new authorization satisfying the requirements of item 4 of this definition must be submitted to the City prior to or together with any reports to be signed by an authorized representative.

PLEASE RETURN THE COMPLETED FORM TO:

CITY OF BEAUMONT
ATTN.: PUBLIC WORKS DEPARTMENT
550 E. SIXTH STREET
BEAUMONT, CA 92223

CITY OF BEAUMONT
FOOD SERVICE USER SURVEY

Please fill out **completely** and **accurately** within **14 days** and mail it to the address on the second page. This is a **mandatory** survey.

1) FACILITY NAME _____
FACILITY ADDRESS_____
CITY_____STATE_____ZIP_____PHONE_____FAX_____
EMAIL_____

2) MAILING ADDRESS_____
CITY_____STATE_____ZIP_____PHONE_____FAX_____

3) CONTACT PERSON_____TITLE_____PHONE_____
AUTHORIZED REP._____TITLE_____PHONE_____
Plan Check #_____

4) WATER PURVEYOR (CIRCLE ONE): CITY OF BEAUMONT, OTHER:_____
WATER ACCOUNT NUMBER(S)_____

5) DESCRIBE FACILITY OPERATIONS_____
_____
_____
IS WASTEWATER DISCHARGED TO THE CITY OF BEAUMONT'S SEWER SYSTEM? (CIRCLE ONE): YES OR NO
IF YES, INDICATE THE ESTIMATED DAILY VOLUME DISCHARGED:_____GALLONS/DAY
IF YES, DESCRIBE SOURCES OF WASTEWATER (ATTACH ADDITIONAL SHEETS AS NEEDED)_____
_____
_____
_____
_____
_____

6) OPERATING HOURS:_____ SEATING CAPACITY:_____ MEALS AT PEAK HOUR[1]:_____ SINGLE SERVICE[2]:_____%

EQUIPMENT INVENTORY:	CIRCLE YES OR NO		QUANTITY
DISHWASHER(S)	YES	NO	_____
GARBAGE GRINDER(S)	YES	NO	_____
3-COMPARTMENT SINK(S)	YES	NO	_____
2-COMPARTMENT SINK(S)	YES	NO	_____
1-COMPARTMENT SINK(S)	YES	NO	_____
HAND SINK(S)	YES	NO	_____
MOP SINK(S)	YES	NO	_____
FLOOR SINK(S)	YES	NO	_____
FLOOR DRAINS(S)	YES	NO	_____

7) IS AN INTERCEPTOR ON SITE OR PROPOSED? (CIRCLE ONE): YES OR NO IF YES, SIZE: _____ GALLONS
INTERCEPTOR LOCATION_____
IS A WATER SOFTENER ON SITE OR PROPOSED? (CIRCLE ONE): YES OR NO
IF YES, (CIRCLE ONE): EXCHANGE CANISTERS OR SELF-REGENERATING BRINE UNIT

"**I certify under penalty of law that this document and all attachments are prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations."**

I AGREE TO ACCEPT AND ABIDE BY ALL PROVISIONS OF CITY OF BEAUMONT'S MUNICIPAL CODE TITLE 13, CHAPTER 8.

NAME _____ SIGNATURE _____

TITLE _____ DATE _____

MAIL SURVEY TO:

ATTN: PRETREATMENT PROGRAM
City of Beaumont Public Works
550 E. 6th Street
Beaumont, CA 92223
PHONE NO. (951) 769-8520 FAX (951) 769-8526

[1] Maximum number of meals served during any one hour.
[2] Single Service refers to meals served on paper plates and utensils (forks, knives, spoons, etc.) are disposable.

CITY OF BEAUMONT

550 East 6th Street, Beaumont, California 92223
Attn: Business License Coordinator • (951) 769-8520

BUSINESS LICENSE APPLICATION

BOTH SIDES OF THIS APPLICATION MUST BE COMPLETELY FILLED OUT PRIOR TO ISSUANCE OF A LICENSE.
This application is not a permit to do business. The provisions of the City of Beaumont, Business License Ordinance #333, provides for penalties for lateness in applying for and renewing business licenses. All license taxes are due and payable **on or before July 1st of each fiscal year**. Failure to comply with the provisions of the City of Beaumont, Business License Ordinance, may result in the issuance of a citation.

• OFFICIAL USE ONLY •

LICENSE FEE $_____
RECEIPT NO. _____
DATE PAID _____
CHECK # _____ ❑ **CASH**
INITIALS_____

License Reviewed & Approved by:

Planning _____/_____
Building _____/_____
Fire _____/_____
Police _____/_____

Business Name _____
Business Address _____
City State, Zip _____
Mailing Address ❑ Same as above
City State, Zip _____
Business Phone ( ) _____ **Bus. Fax** ( ) _____
Start Date _____
Description of Business _____
Ownership: ❑ Corporation ❑ Ltd Liability Corp ❑ Sole Proprietor ❑ Partnership ❑ Trust
State Lic. No. _____ **Workers' Comp No.** _____ **Expiration Date** _____
Social Security No. _____ **Or** **Federal ID No.** _____ **Health Permit No.** _____
Email Address _____ **Resale No.** _____

If you do not have Worker's Compensation, please see back of form

CONFIDENTIAL INFORMATION - ***Enter below names of Owners, Partners, or Corporate Officers***

Owner Name _____ Title _____ Phone ( ) _____
Home Address _____ Cell Phone ( ) _____
City _____ State _____ Zip _____

Owner Name _____ Title _____ Phone ( ) _____
Home Address _____ Cell Phone ( ) _____
City _____ State _____ Zip _____

CONFIDENTIAL INFORMATION - ***In case of emergency, please contact:***

Name _____ Title _____ Phone ( ) _____
Address _____ Cell Phone ( ) _____
City _____ State _____ Zip _____

ALARM COMPANY

Name _____ Phone ( ) _____
Address _____ License No _____

Class 1
***Estimated Gross Receipts** $

Class 3
***No. of Professionals** _____
***No. of Sub-Professionals** _____
***No. of Clerical** _____

Class 4
***License Type** _____
***No. of Employees** _____
*see back for applicable fees

License Fees $
*Effective 01/01/2013 due to SB 1186**
+$1.00
Total Amount Due $

I declare, under penalty of perjury, that this application has been examined by me, and to the best of my knowledge is true and correct.

Signature _____
Title _____ Date _____
Print Name _____

Thank you for doing business in the City of Beaumont

PLEASE MAKE CHECK PAYABLE TO THE CITY OF BEAUMONT

WORKER'S COMPENSATION WAIVER

"I certify that in the performance of work for which this license is issued I shall not employ any person in any manner so as to become subject to the Workers Compensation Laws of California. Note: If after signing this certificate, you hire any employee, you become subject to the Worker's Compensation provisions of the California Labor Code, and you must immediately comply with the provisions of Section 3700 or **your license immediately becomes revoked".**

Signature_____ Print Name_____ Date_____

FEE SUMMARY

Class 1 includes: All persons engaged in the business of selling at wholesale or retail, any goods, wares, or merchandise. All persons engaged in providing personal services, such as but not limited to: mechanical, landscape, cleaning, general services, food service, etc.

Gross Receipts: Shall include the total amount of the sales price of all sales and the total amount charged or received for the performance of any act, service or employment, or whatever nature it may be, for which a charge is made or credit allowed, whether or not such act, service or employment is done as a part of or in connection with the sales of materials, goods, or merchandise, or the rendering of personal services. Included in gross receipts, shall be all receipts, cash, credits, and any property of any kind of nature, without any deduction there from, on account of the cost of the property sold, cost of materials used, labor services costs, interest paid or payable, or losses, or other expenses whatsoever, and receipts attributable to selling activities, or personnel services with the city.

Excluded shall be: Cash discounts allowed and taken on sales, credit allowed on property accepted as part of the purchase price, and which property may later be sold, any tax required by law to be included to or added to the purchase price and collected from the consumer or purchase.

Gross Receipts	License Fee	Gross Receipts	License Fee
Under $ 50,000	$ 60.00	1,400,001-1,500,000	$336.00
50,001- 60,000	$ 62.00	1,500,001-1,600,000	$349.00
60,001- 70,000	$ 64.00	1,600,001-1,700,000	$362.00
70,001- 80,000	$ 66.00	1,700,001-1,800,000	$375.00
80,001- 90,000	$ 68.00	1,800,001-1,900,000	$388.00
90,001- 100,000	$ 70.00	1,900,001-2,000,000	$400.00
100,001- 120,000	$ 74.00	2,000,001-2,200,000	$420.00
120,001- 140,000	$ 78.00	2,200,001-2,400,000	$440.00
140,001- 160,000	$ 82.00	2,400,001-2,600,000	$460.00
160,001- 180,000	$ 86.00	2,600,001-2,800,000	$480.00
180,001- 200,000	$ 90.00	2,800,001-3,000,000	$500.00
200,001- 225,000	$ 95.00	3,000,001-3,200,000	$520.00
225,001- 250,000	$100.00	3,200,001-3,400,000	$540.00
250,001- 275,000	$105.00	3,400,001-3,600,000	$560.00
275,001- 300,000	$110.00	3,600,001-3,800,000	$580.00
300,001- 325,000	$115.00	3,800,001-4,000,000	$600.00
325,001- 350,000	$120.00	Over 4,000,000	
350,001- 375,000	$125.00	+$10/each $100,000 of gross receipts	
375,001- 400,000	$130.00		
400,001- 425,000	$135.00		
425,001- 450,000	$140.00		
450,001- 475,000	$145.00		
475,001- 500,000	$150.00		
500,001- 550,000	$160.00		
550,001- 600,000	$170.00		
600,001- 650,000	$180.00		
650,001- 700,000	$190.00		
700,001- 750,000	$200.00		
750,001- 800,000	$210.00		
800,001- 850,000	$220.00		
850,001- 900,000	$230.00		
900,001- 950,000	$240.00		
950,001- 1,000,000	$250.00		
1,000,001- 1,050,000	$260.00		
1,050,001- 1,100,000	$270.00		
1,100,001- 1,150,000	$280.00		
1,150,001- 1,200,000	$290.00		
1,200,001- 1,250,000	$300.00		
1,250,001- 1,300,000	$310.00		
1,300,001- 1,400,000	$323.00		

Class 2 includes: All persons engaged in the business under the following business titles, but not limited thereto: hotels/motels, storage, buildings, mini storages, storage spaces, nursing homes, hospital, convalescent homes etc.

Base Fee plus No. of Spaces = Amount Due

Base Fee:

20 units/beds or less	$50.00
21 units/beds or more	$100.00
No. of units/beds/storage spaces	$1.00 each

Class 3 includes: All professional business, corporations, professional groups or the like, but not limited thereto: accountants, architects, attorneys, beauticians, doctors, draftsmen, morticians, real estate agents, therapists, etc.

Professional:	$75.00 each
Sub-Professional:	$10.00 each
Clerical:	$ 4.00 each

Class 4 includes: Any and all contractors. Fees for employees are those who function on the job within the city limits and are computed for the maximum on the job, at any given point of time. **Note:** failure to report your maximum number of employees will result in the penalty payment, double the correct amount.

Table A + Table B = Amount Due

Table A

General Engineering Contractor	A	$125.00
General Building Contractor	B-1	85.00
Boiler, Hot water, Heater, Steam Filter	C-4	50.00
Cabinet and Mill Work	C-6	50.00
Cement and Concrete	C-8	75.00
Drywall	C-9	50.00
Electric (General)	C-10	75.00
Electrical Sign	C-45	50.00
Elevator Installation	C-11	50.00
Excavating, Grading, Trenching, Paving, Surfacing	C-12	75.00
Fencing	C-13	50.00
Fire Protection Engineering	C-16	50.00
Flooring (Wood)	C-15	50.00
Glazing	C-17	50.00
Housing and Building Moving	C-21	75.00
Insulation	C-2	50.00
Landscaping	C-27	50.00
Lathing	C-26	50.00
Masonry	C-29	50.00
Ornamental Metals	C-23	50.00
Painting, Decorating	C-33	50.00
Plastering	C-35	75.00
Plumbing	C-36	75.00
Refrigeration	C-38	75.00
Roofing	C-39	75.00
Sewer, Sewage, Disposal drains, cement, pipe laying	C-42	50.00
Steel reinforcing	C-50	50.00
Steel Structural	C-51	75.00
Structural Pest Control	C-22	50.00
Swimming Pool	C-53	50.00
Tile (Ceramic/Mosaic)	C-54	50.00
Warm-Air Heating, Ventilating, Air Conditioning	C-20	50.00
Welding	C-60	50.00
Well Drilling	C-57	50.00
Classified Specialist	C-61	50.00

Table B

Employee Fee Schedule

1 to 2	$ 10.00
3 to 6	$ 30.00
7 to 10	$ 50.00
11 to 14	$ 70.00
15 to 26	$100.00
21 to 30	$125.00

FEE SUMMARY

Class 5 includes: Manufactures, cabinet shops, machine shops, canneries, processors, assemblers, etc.

Base Fee	**$75.00 per year**
1 to 2 Employees	$20.00 per year
3 to 6 Employees	$60.00 per year
7 to 10 Employees	$100.00 per year
11 to 14 Employees	$140.00 per year
15 to 20 Employees	$200.00 per year
21 to 30 Employees	$240.00 per year
31 to 40 Employees	$300.00 per year
41 to 50 Employees	$400.00 per year
51 plus Employees	$400.00 per year
PLUS $7.50 for each employee over 50 in number	

NOTE: Three (3) part-time employees (working no more that twenty-five (25) hours each per week) shall equal one (1) full-time employee

Class 6 includes: Delivery, trucking transportation of goods and/or materials for the purpose of resale and/or use by wholesale or manufacturer.

Combined Mfg. Weight	**Fees Per Truck Route**
0 to 5,000	$ 36.00 per year
5,001 to 9,000	$ 48.00 per year
9,001 to 13,000	$ 72.00 per year
13,001 to 17,000	$ 86.00 per year
17,001 and over	$ 100.00 per year

Gross Receipts: Shall include the total amount of the sales price of all sales and total amount charged or relieved for the performance of any act, service or employment, or whatever nature it may be, for which a charge is made or credit allowed, whether or not such act, service or employment is done as part of or in conjunction with the sales of materials, goods, or merchandise, or the rendering of personal services. Included in gross receipts, shall be all receipts, cash, credits, and any property of any kind of nature, without any deduction therefrom, on account of the cost of the property sold, cost of materials used, labor services cost, interest paid or payable, or losses, or other expenses whatsoever, and receipts attributable to selling activities, or personnel services with the city.

Excluded shall be: Cash discounts allowed and taken on sales, credit allowed on property accepted as part of the purchase price, and which property may later be sold, any tax required by law to be included to or added to the purchase price and collected from the consumer or purchase.

Class 7 Includes: Rental, leasing, and operating laundry equipment.

Annual Gross Receipts	Actual License Fee
$0 to $50,000	$ 60.00 annually
$50,001 to $60,000	$ 70.00 annually
$60,001 to $70,000	$ 80.00 annually
$70,001 to $80,000	$ 90.00 annually
$1.00 per thousand, far all excess of $80,000	

Class 8 Includes: Vending Machines dispensing tangible personal property.

Annual Gross Receipts	Actual License Fee
$0 to $2,500	$ 60.00 annually
$2,501 to $5,000	$ 70.00 annually
$5,001 to $10,000	$ 80.00 annually
$15,001 to $20,000	$ 90.00 annually
$ 20,001 and up	$ 100.00 annually

Class 9 Includes but is not limited to: Vending Machines dispensing intangible items such as music, pinball machines, games of skill etc.

Annual Gross Receipts	Actual License Fee
$0 to $2,500	$ 45.00 annually
$2,501 to $5,000	$ 75.00 annually
$5,001 to $10,000	$ 90.00 annually
$10,001 to $15,000	$ 105.00 annually
$15,001 to $20,000	$ 120.00 annually
$20,001 to $25,000	$ 135.00 annually
$25,001 to $30,000	$ 150.00 annually
$30,001 to $35,000	$ 165.00 annually
$35,001 to $40,000	$ 180.00 annually
$40,001 to $50,000	$ 210.00 annually

$1.00 per thousand ($1,000) for all excess of $50,000

Class 10 Includes:	Home Occupations	Fee: $75.00 annually
Class 11 Includes:	All out of town – except contractors	Fee: $72.00 annually
Class 12 Includes:	Tax Exempt	
Class 13 Includes:	$10.00 per person, per day	
Class 14 Includes:	Soliciting Company	Fee: $100.00 annually

***SB 1186**

Under federal and state law, compliance with disability access law 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.ccda.ca.gov

Graffiti Implement Sales License Application

Beginning on July 1, 2007 it shall be unlawful for any person to sell, offer for sale, display for sale, or otherwise make available for sale within the City of Beaumont, any graffiti implement, as a device is defined in Chapter 9.34 of the Beaumont Municipal Code, unless that person then holds a valid annual Graffiti Implement Sales License issued pursuant to Chapter 9.34.

Company Name: _____

Property Address: _____

City: _____ Zip Code: _____

Contact Person: _____ Title: _____

Type of Business: _____ Telephone: ( ) _____

Applicant :(print name) _____

Will your facility sell or offer any of the following products Yes [ ] No [ ]

Aerosol Paint Container
Felt Tip Markers
Paint Stick
Etchers
Gum Label
Paint balloons
Stamps
Stamping Devices
Spray Actuator
Pressurized Container

If you answered yes to the above question you are required to obtain an annual Graffiti Permit along with your business license. Your business will be inspected to guarantee that your Graffiti Paraphernalia is properly stored. Your Graffiti Permit will be issued once inspections are signed off.

Signature: _____ Date: _____

Ordinance No. 910
Acknowledgement Form

Please Read and Initial Below

Section 9.34.060 Commercial Display

_____ A. It is unlawful for any supplier to display any graffiti implement, paraphernalia or spray actuator including any such tool, device, material or substance including, but not limited to, aerosol paint containers, felt-tip markers, paint sticks and/or etchers, in such a way as to be accessible by anyone who is not an employee or other authorized personnel pending lawful distribution of said implement or product. In the absence of constant supervision or surveillance by responsible personnel, said graffiti implement, paraphernalia or spray actuator shall be kept in a locked area not accessible to members of the public but may be displayed in plain view of potential retail customers.

_____ B. It is unlawful for any supplier to store, stock or display any graffiti implement, paraphernalia or spray actuator in such a way as to be handled (or be removable) by anyone who is not an employee or authorized personnel for purposes of demonstration, advertising or other display. In the absence of constant supervision or surveillance by responsible personnel, said graffiti implement, paraphernalia or spray actuator shall be kept in a locked area not accessible to members of the public but may be displayed in plain view of potential retail customers.

_____ C. It is unlawful for any supplier to display any graffiti implement, paraphernalia or spray actuator outdoors in a nonpermanent structure or facility; unless displayed in an area under constant supervision or surveillance by responsible personnel or in a lock-up device, i.e., a locked metal, glass or other similar cage or case, securely fastened to the ground so as not to be able to be caused to slide, roll, be lifted or otherwise moved more than 2 (two) inches in any direction. All lock-up devices shall maintain a minimum size as follows: height of 36" (thirty-six inches), width (or length) of 72" (seventy-two inches), depth of 18" (eighteen inches), or greater, with no more than 1 (one) opening side.

_____ D. All suppliers doing business in the City of Beaumont shall display one or more signs stating substantially the following:

> **Must Be 18 Years Of Age To Purchase. Must Have Valid I.D. To Purchase. Any Person Who Maliciously Defaces Real Or Personal Property With Graffiti Or By Related Vandalism Is Guilty Of A Misdemeanor Punishable By Fine, Imprisonment, Or Both, And May Also Be Held Responsible For Payment Of Restitution To The Victim.**

All signs must be at least 10" (ten inches) by 16" (sixteen inches), with letter size of at least 1" (one inch), and posted in a conspicuous place within 3' (three feet) of said implement or product.

_____ E. It shall be the joint and individual responsibility of the supplier, vendor, property owner, property manager, store manager and/or district manager or corporate officer to comply with any and all applicable sections of this Ordinance.

Dark Sky Ordinance

Did you know: The City of Beaumont has a Dark Sky Ordinance?

Please contact the Building and Safety Department prior to making any changes to your outdoor lighting so that we may advise you on the correct fixtures to install.

Building & Safety:
951.769.8529
550 E. 6th Street
Beaumont, Ca 92223
www.ci.beaumont.ca.us

City of Beaumont - New Business Inspections.
This is a list of the most common inspection violations:

1. **Premises Identification:** New and existing buildings shall have approved 12" address numbers in a position that is plainly legible and visible from the street or road fronting the property.

2. Provide a readily visible durable sign, posted on the egress side on or adjacent to the door stating: **THIS DOOR TO REMAIN UNLOCKED WHEN BUILDING IS OCCUPIED.** Sign shall be in letters 1 inch high on contrasting background.

3. **Portable fire extinguishers:** of a 2A:10: BC rating for every 3000 sq feet shall be required, and placed along the normal path of travel. They shall be serviced and tagged by a state license contractor annually, and after each use.

4. **Commercial Kitchen Hood and Duct:** Wet /dry-chemical extinguishing systems shall be inspected and tested for proper operations at 6-month intervals, and after activation of system. All work shall be completed by a state license contractor.

5. **Storage level from ceiling:** required 18 inches below level of sprinklers, and reduce height to 2 feet below in a non-sprinklered building.

6. Post **"NO SMOKING"** signs in a conspicuous location in which smoking is prohibited.

7. **Extension cords:** and flexible cords shall not be a substitute for permanent wiring.

8. **Multiplug adapters:** such as a cube, unfused plug strips, and any device not complying shall be prohibited. Power strip with surge protector ok for use, plugged directly into outlet on building wall.

9. **Clearance in front of all electrical panels:** requires a working space of not less than 30 inches in width, 36 inches in depth, and 78 inches in height.

10. **Exit pathways:** shall be free from obstruction, and shall be continuously maintained to be kept clear at all times.

11. **Exit** and exit access doors shall be marked by an approved exit sign readily visible from any direction.

12. **Existing Fire Alarm and Fire Sprinkler systems:** shall be inspected & maintained in accordance with NFPA 72 & 13. All work shall be performed by a state licensed contractor.

13. **Storage in buildings (general housekeeping):** storage of combustible materials in buildings shall be orderly. Storage shall be separated from heaters or heating devices by distance or shielding so that ignition cannot occur.

14. **Aisle Egress width:** shall be kept clear at all times, and shall conform to the California Building Code section 1005, table 10005.1 for minimum aisle requirements.

15. **Holes in walls and ceiling:** shall be repaired in an orderly manner to prevent the spread of fire to adjoining rooms/suites.

16. Any additional questions, please contact the Fire Department at (951)-845-3718 Station #66, or (951)-572-3225 Fire Protection & Planning, or Building & Safety (951)-769-8529.

CHAPTER 8.14
MANDATORY RECYCLING REQUIREMENTS FOR COMMERCIAL FACILITIES

Section:

8.14.010 Purpose
8.14.020 Definitions
8.14.030 Recycling Requirements for Commercial Facilities

8.14.010 Purpose. The purpose of this Chapter is to establish requirements for the recycling of recyclable materials generated from commercial facilities. These requirements are intended to increase the diversion of recyclable materials from landfills, conserve capacity and extend the useful life of landfills utilized by the City, reduce greenhouse gas emissions, and avoid the potential financial and other consequences to the City of failing to meet State law diversion requirements. (Ord. 976, 10/5/2010)

8.14.020 Definitions.

A. "**Commercial facilities**" means any facilities that are not solely residential in nature, and include mixed-use residential facilities, and retail, commercial and industrial facilities. "Commercial facilities" includes City buildings.

B. "**Recyclable materials**" means plastic bottles and jars, glass containers, paper, newspaper, metal, cardboard, wood, wood pallets, and food waste. (Ord. 976, 10/5/2010)

8.14.030 Recycling Requirements for Commercial Facilities.

A. Owners, landlords, tenants and occupants of commercial facilities, jointly or severally, shall recycle recyclable materials by depositing the same in recycling containers provided by the City's designated recyclable materials waste hauler.

B. Occupants of commercial facilities shall designate, for the convenience and use of occupants' employees and independent contractors, recycling collection and storage areas and shall place appropriate signs in and in the proximity of such areas.

C. Occupants of commercial facilities shall ensure that their employees and independent contractors are educated about recycling services available at the site. Information, including the types of recyclable materials accepted, the location of recycling containers, and the employees' responsibility to recycle shall be distributed periodically, and all new employees when hired, and independent contractors when retained, shall also be given such information and instruction. All employees and independent contractors shall also be given appropriate information and instructions concerning any change in recycling services to the commercial facility. (Ord. 976, 10/5/2010)

BOE-400-SPA Rev. 2 (2-08)

California Seller's Permit Application

for Individuals/Partnerships/Corporations/Organizations

(Regular or Temporary)

State Board of Equalization

Board Members

Betty T. Yee
First District
San Francisco

Bill Leonard
Second District
Ontario/Sacramento

Michelle Steel
Third District
Rolling Hills Estates

Judy Chu, Ph.D.
Fourth District
Los Angeles

John Chiang
State Controller

Executive Director

Ramon J. Hirsig

Frequently Asked Questions

Who must have a permit?

You are generally required to obtain a California seller's permit if you sell or lease merchandise, vehicles, or other tangible personal property in California. A seller's permit allows you to sell items at the wholesale or retail level. If your sales are ongoing, you should apply for a "Regular" permit. If your sales are of a temporary nature (90 days or less), apply for a "Temporary" permit. You cannot legally sell taxable items in California until you have been issued a seller's permit.

Do I need more than one permit?

Each location where sales of taxable items are made requires, and must display, a seller's permit. If you have more than one selling location, attach a list that includes the address for each location, and we will issue the permits needed. If your application is for a temporary permit, one permit will be enough, but you need to display a copy of that permit at each temporary location.

Is there a charge for a permit?

No. However, we may require a security deposit. Deposits are used to cover any unpaid taxes that may be owed at the time a business closes.

Is information about my account subject to public disclosure?

State laws that protect your privacy generally cover your records. Some records are subject to public disclosure, such as the information on your seller's permit, names of owners or partners, your business address, and your permit status. See the disclosure information on the back page.

Why do you need a copy of my driver license?

When it is required, it is used to ensure the accuracy of the information provided and to protect against fraudulent use of your identification.

Why am I being asked if I sell tires, covered electronic devices, or tobacco products at retail?

Effective January 1, 2001, California retailers of new tires began collecting a tire fee (currently $1.75) for each new tire sold to consumers. Beginning January 1, 2005, retailers must collect a recycling fee on the retail sale or lease of certain new or refurbished video display devices that have a screen size of more than four inches measured diagonally. Video display devices subject to the fee are called "covered electronic devices" (CEDs). They include televisions, computer monitors, or any other product that contains a cathode ray tube, including "bare" cathode ray tubes, computer monitors, and laptop computers that use a liquid crystal display. For more information on the Electronic Recycling Fee Program or CEDs, visit: *www.boe.ca.gov/sptaxprog/ewaste.htm.* Effective June 30, 2004, if you sell cigarettes and/or tobacco products, you must obtain a license (separate from a seller's permit) for each location you intend to sell these products. Depending on your response to each question and the type of business, the Board will send you information about these license and fee programs.

What are my rights and responsibilities as a seller?

When you obtain a seller's permit, you acquire certain rights and responsibilities.

- **You may buy property for resale without paying tax to your supplier**. By providing the vendor a completed resale certificate, you are not required to pay sales tax on property you are buying for resale. You cannot use a resale certificate to buy property for your own use (even if you plan to sell it after its use).
- **You must keep records** to substantiate your sales, purchases, and return deductions and keep them for four years.
- **You must file returns** according to the Board's instructions for the filing basis that we determine from your application. You must file a return even if you have no tax to report.
- **You must pay the sales tax due** on your retail sales in California. You may be reimbursed by collecting the amount of tax from your customers.
- **You must notify the Board of any business changes.** A permit is issued only to the owner and address listed on the permit. If you change ownership, address, add another location, sell or close your business, add or drop a partner, you must notify the Board by calling or in writing. Your notification will help us close your account and return any security on deposit. If you do not, you could be held liable for continuing business taxes. Note: Notify us immediately if you drop or add a partner in order to protect former partners from tax liabilities incurred by the business after the partnership changes.

TAXPAYER INFORMATION SECTION

800-400-7115

TDD/TTY 800-735-2929

FIELD OFFICES

CALL FOR ADDRESSES

City	Area Code	Number
Bakersfield	661	395-2880
Chula Vista	619	409-7440
Culver City	310	342-1000
El Centro	760	352-3431
Eureka*	707	576-2100
Fresno	559	248-4219
Laguna Hills	949	461-5711
Norwalk	562	466-1694
Oakland	510	622-4100
Rancho Mirage	760	770-4828
Redding	530	224-4729
Riverside	951	680-6400
Sacramento	916	227-6700
Salinas	831	443-3003
San Diego	619	525-4526
San Francisco	415	356-6600
San Jose	408	277-1231
San Marcos	760	510-5850
Santa Ana	714	558-4059
Santa Rosa	707	576-2100
Suisun City	707	428-2041
Van Nuys	818	904-2300
Ventura	805	677-2700
West Covina	626	480-7200

Business Located Out-of-State

916-227-6600

*Office closed June 30, 2005. For dates and times of services in the Eureka area, please visit our website at *www.boe.ca.gov* or call the Taxpayer Information Section at 800-400-7115.

How Do I Apply for My Seller's Permit?

Step 1: Complete Your Application

Complete the application on page 5. If your business is an ongoing operation, check permit type "Regular." If your business will operate at the location(s) for 90 days or less, check "Temporary." Please provide **all** the information requested on the application. If you do not, this will delay the issuance of your permit. Refer to the "Tips" on page 4. If you need assistance, please call your local Board office or the Taxpayer Information Section at 800-400-7115.

Note: If your business is located outside California, you also need to complete form BOE-403-B, *Registration Information for Out-of-State Account.* Visit our website at *www.boe.ca.gov,* call the Out-of-State Office at 916-227-6600, or the Taxpayer Information Section at 800-400-7115, to request a copy by mail or by fax (select the automated fax-back option).

For information regarding whether or not your out-of-state corporation qualifies to transact business in the State of California, you may visit the Secretary of State's website at *www.ss.ca.gov*. For information regarding the minimum franchise tax for corporations, please visit the California Taxes Information Center's website at *www.taxes.ca.gov*.

Step 2: Send Your Application for Processing

Send or take your application to the district office nearest your place of business. If you plan to apply in person, contact the local office to find out when they are open. Note: A permit is required before you begin making sales. Advise the Board if you have an urgent need for a permit.

Step 3: After Your Application Is Approved

If your application is complete, you should receive your permit in about two weeks. Based on the information in your application, the Board will provide you with regulations, forms, and other publications that may help you with your business. Or, you may choose to view and download information from our website at *www.boe.ca.gov.* You will also be informed as to when to file tax returns: monthly, quarterly, fiscal or calendar yearly. You will also start receiving tax returns for reporting and paying the taxes due on your sales and purchases. If you do not receive a return, download one from our website, or call the district office nearest you. You may also be eligible to e-file your return, visit our website for details.

Post your permit at your place of business in a location easily seen by your customers.

Tips for Filling Out Your Application

Item 1: Permit Type

Check whether you are applying for a **regular** or **temporary** permit. You may apply for a temporary permit if you intend to make sales for a period of 90 days or less. Otherwise, you must apply for a regular permit.

Items 2–8: Business Identification Information

Check your type of ownership and provide all of the information requested. Partnerships should provide a copy of their written partnership agreement, if one exists. If it is filed with us at the time you apply for a permit and it specifies that all business assets are held in the name of the partnership, we will attempt to collect any delinquent tax liability from the partnership's assets before we attempt to collect from the partners' personal assets. The "Registered Domestic Partnership" ownership box should only be checked if both persons are registered as domestic partners with the Office of the Secretary of State.

Items 9–35: Ownership Information

Indicate whether those listed are owners, partners, etc., and enter their driver license or California Identification Card number and, except in the case of corporate officers, their social security number. Also, provide a reference for each person, who does not live with that person. This information will be kept in strict confidence. If mailing your application, you must provide a photocopy of your driver license or California Identification Card.

Items 36–49, 66: Type of Business, Selling Locations, and Landlord Information

Check whether the business is a retailer, wholesaler, etc., and whether the business is full time or part time. Describe the types of items you will sell. Avoid using broad descriptions, such as "general merchandise." Instead, list specific examples such as sports equipment or garden supplies. Indicate the number of selling locations, the address, telephone number, website and email address of the business, as well as the landlord's name, address, and telephone number. If there are multiple selling locations, additional addresses can be listed on the reverse side (Item 66). Tax returns and other materials will be sent to the business address unless a different mailing address is specified (Item 42).

Items 50–51: Projected Monthly Sales

Indicate your projected monthly gross and taxable sales. If unsure, provide an estimate. Your projection helps to determine how often you will need to file a return. If your actual sales vary, we may adjust your filing frequency.

Items 52–55: Related Program Information

Provide your Alcoholic Beverage Control license number, if applicable. Indicate if you will be selling new tires, covered electronic devices, or tobacco products. We will contact you to determine if you need to register for any of these other programs.

Items 56–65: Related Party Information

Identify the person maintaining your records, your bank, and if you accept credit cards, your merchant card account. Also, identify major California-based suppliers and the products that you purchase from them.

Items 67–74: Ownership and Organizational Changes

If you are purchasing a business, or changing from one type of business organization to another, provide the previous owner's name and seller's permit number. If you are purchasing a business, you should request a tax clearance in advance to assure that you won't have to pay any taxes owed by the previous owner.

Items 75–82: Temporary Permit Event Information

Applicants for a temporary permit must complete each item in this section.

Certification

Each owner, co-owner, partner, or corporate officer must sign the application.

STATE OF CALIFORNIA
BOARD OF EQUALIZATION

APPLICATION FOR SELLER'S PERMIT

1. PERMIT TYPE: *(check one)* ☐ **Regular** ☐ **Temporary**

FOR BOARD USE ONLY

TAX	IND	OFFICE	PERMIT NUMBER
S			
NAICS CODE		BUS CODE / A.C.C.	REPORTING BASIS / TAX AREA CODE
PROCESSED BY		PERMIT ISSUE DATE ___ / ___ / ___	RETURN TYPE ☐ (1) 401-A ☐ (2) 401-EZ; VERIFICATION ☐ DL ☐ PA ☐ Other

2. TYPE OF OWNERSHIP *(check one)* ** Must provide partnership agreement*

☐ Sole Owner
☐ Corporation
☐ General Partnership
☐ Limited Partnership (LP)*
☐ Registered Domestic Partnership
☐ Other *(describe)* _____
☐ Husband/Wife Co-ownership
☐ Limited Liability Company (LLC)
☐ Unincorporated Business Trust
☐ Limited Liability Partnership (LLP)* *(Registered to practice law, accounting or architecture)*

3. NAME OF SOLE OWNER, CORPORATION, LLC, PARTNERSHIP, OR TRUST

4. STATE OF INCORPORATION OR ORGANIZATION

5. BUSINESS TRADE NAME/"DOING BUSINESS AS" [DBA] *(if any)*

6. DATE YOU WILL BEGIN BUSINESS ACTIVITIES *(month, day, and year)*

7. CORPORATE, LLC, LLP OR LP NUMBER FROM CALIFORNIA SECRETARY OF STATE

8. FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)

CHECK ONE ☐ Owner/Co-Owners ☐ Partners ☐ Registered Domestic Partners ☐ Corp. Officers ☐ LLC Officers/Managers/Members ☐ Trustees/Beneficiaries

Use additional sheets to include information for more than three individuals.

9. FULL NAME *(first, middle, last)*

10. TITLE

11. SOCIAL SECURITY NUMBER *(corporate officers excluded)*

12. DRIVER LICENSE NUMBER *(attach copy)*

13. HOME ADDRESS *(street, city, state, zip code)*

14. HOME TELEPHONE NUMBER ( )

15. NAME OF A PERSONAL REFERENCE NOT LIVING WITH YOU

16. ADDRESS *(street, city, state, zip code)*

17. REFERENCE TELEPHONE NUMBER ( )

18. FULL NAME OF ADDITIONAL PARTNER, OFFICER, OR MEMBER *(first, middle, last)*

19. TITLE

20. SOCIAL SECURITY NUMBER *(corporate officers excluded)*

21. DRIVER LICENSE NUMBER *(attach copy)*

22. HOME ADDRESS *(street, city, state, zip code)*

23. HOME TELEPHONE NUMBER ( )

24. NAME OF A PERSONAL REFERENCE NOT LIVING WITH YOU

25. ADDRESS *(street, city, state, zip code)*

26. REFERENCE TELEPHONE NUMBER ( )

27. FULL NAME OF ADDITIONAL PARTNER, OFFICER, OR MEMBER *(first, middle, last)*

28. TITLE

29. SOCIAL SECURITY NUMBER *(corporate officers excluded)*

30. DRIVER LICENSE NUMBER *(attach copy)*

31. HOME ADDRESS *(street, city, state, zip code)*

32. HOME TELEPHONE NUMBER ( )

33. NAME OF A PERSONAL REFERENCE NOT LIVING WITH YOU

34. ADDRESS *(street, city, state, zip code)*

35. REFERENCE TELEPHONE NUMBER ( )

36. TYPE OF BUSINESS (check one that best describes your business)
☐ Retail ☐ Wholesale ☐ Mfg. ☐ Repair ☐ Service ☐ Construction Contractor ☐ Leasing

37. NUMBER OF SELLING LOCATIONS *(if 2 or more, see Item No. 66)*

38. WHAT ITEMS WILL YOU SELL?

39. CHECK ONE ☐ Full Time ☐ Part Time

40. BUSINESS ADDRESS *(street, city, state, zip code) [do not list P.O. Box or mailing service]*

41. BUSINESS TELEPHONE NUMBER ( )

42. MAILING ADDRESS *(street, city, state, zip code) [if different from business address]*

43. BUSINESS FAX NUMBER ( )

44. BUSINESS WEBSITE ADDRESS
www.

45. BUSINESS EMAIL ADDRESS

46. DO YOU MAKE INTERNET SALES? ☐ Yes ☐ No

47. NAME OF BUSINESS LANDLORD

48. LANDLORD ADDRESS *(street, city, state, zip code)*

49. LANDLORD TELEPHONE NUMBER ( )

50. PROJECTED MONTHLY GROSS SALES
$

51. PROJECTED MONTHLY TAXABLE SALES
$

52. ALCOHOLIC BEVERAGE CONTROL LICENSE NUMBER *(if applicable)*
___ ___ - ___ ___ ___ ___ ___ ___

53. SELLING NEW TIRES? ☐ Yes ☐ No

54. SELLING COVERED ELECTRONIC DEVICES? ☐ Yes ☐ No

55. SELLING TOBACCO AT RETAIL? ☐ Yes ☐ No

(continued on reverse)

— tear at perforation —

56. NAME OF PERSON MAINTAINING YOUR RECORDS	57. ADDRESS *(street, city, state, zip code)*	58. TELEPHONE NUMBER ( )
59. NAME OF BANK OR OTHER FINANCIAL INSTITUTION *(note whether business or personal)*		60. BANK BRANCH LOCATION
61. NAME OF MERCHANT CREDIT CARD PROCESSOR *(if you accept credit cards)*		62. MERCHANT CARD ACCOUNT NUMBER
63. NAMES OF MAJOR CALIFORNIA-BASED SUPPLIERS	64. ADDRESSES *(street, city, state, zip code)*	65. PRODUCTS PURCHASED

ADDITIONAL SELLING LOCATIONS (List All Other Selling Locations)

66. PHYSICAL LOCATION OR STREET ADDRESS *(attach separate list, if required)*

OWNERSHIP AND ORGANIZATIONAL CHANGES (Do Not Complete for Temporary Permits)

67. ARE YOU BUYING AN EXISTING BUSINESS?

☐ Yes ☐ No If yes, complete items 70 through 74.

68. ARE YOU CHANGING FROM ONE TYPE OF BUSINESS ORGANIZATION TO ANOTHER (FOR EXAMPLE, FROM A SOLE OWNER TO A CORPORATION OR FROM A PARTNERSHIP TO A LIMITED LIABILITY COMPANY, ETC.)?

☐ Yes ☐ No If yes, complete items 70 and 71.

69. OTHER OWNERSHIP CHANGES *(please describe)*:

70. FORMER OWNER'S NAME	71. SELLER'S PERMIT NUMBER
72. PURCHASE PRICE $	73. VALUE OF FIXTURES & EQUIPMENT $

74. IF AN ESCROW COMPANY IS REQUESTING A TAX CLEARANCE ON YOUR BEHALF, PLEASE LIST THEIR NAME, ADDRESS, TELEPHONE NUMBER, AND THE ESCROW NUMBER

TEMPORARY PERMIT EVENT INFORMATION

75. PERIOD OF SALES	76. ESTIMATED EVENT SALES	77. SPACE RENTAL COST *(if any)*	78. ADMISSION CHARGED?
FROM: ___ / ___ / ___ THROUGH: ___ / ___ / ___	$	$	☐ Yes ☐ No

79. ORGANIZER OR PROMOTER OF EVENT *(if any)*	80. ADDRESS *(street, city, state, zip code)*	81. TELEPHONE NUMBER ( )

82. ADDRESS OF EVENT *(If more than one, use line 66, above. Attach separate list, if required.)*

CERTIFICATION

All Corporate Officers, LLC Managing Members, Partners, or Owners must sign below.

I am duly authorized to sign the application and certify that the statements made are correct to the best of my knowledge and belief.
I also represent and acknowledge that the applicant will be engaged in or conduct business as a seller of tangible personal property.

NAME *(typed or printed)*	SIGNATURE	DATE
NAME *(typed or printed)*	SIGNATURE	DATE
NAME *(typed or printed)*	SIGNATURE	DATE

FOR BOARD USE ONLY

SECURITY REVIEW

☐ BOE-598 ($ _____) *or* ☐ BOE-1009

REQUIRED BY APPROVED BY

FORMS

☐ BOE-8 ☐ BOE-400-Y
☐ BOE-162 ☐ BOE-519
☐ BOE-467 ☐ BOE-1241-D

REGULATIONS

☐ REG. 1668 ☐ REG. 1698
☐ REG. 1700 ☐ _____

PUBLICATIONS

☐ PUB 73 ☐ PUB DE 44

_____

_____

RETURNS

_____

_____

Where Can I Get Help?

No doubt you will have questions about how the Sales and Use Tax Law applies to your business operations. For assistance, you may take advantage of the resources listed below.

INTERNET
www.boe.ca.gov

You can log onto our website for additional information. For example, you can find out what the tax rate is in a particular county, or you can download numerous publications — such as laws, regulations, pamphlets, and policy manuals — that will help you understand how the law applies to your business. You can also verify sellers' permit numbers online, read about upcoming Taxpayers' Bill of Rights hearings, and obtain information on Board field office addresses and telephone numbers.

Another good resource — especially for starting businesses — is the California Tax Information Center at *www.taxes.ca.gov.*

CLASSES

You may enroll in a basic sales and use tax class offered by some local Board offices. You should call ahead to find out when your local office conducts classes for beginning sellers.

WRITTEN TAX ADVICE

It is best to get tax advice from the Board in writing. You may be relieved of tax, penalty, or interest charges if we determine you did not correctly report tax because you reasonably relied on our written advice regarding a transaction.

For this relief to apply, your request for advice must be in writing, identify the taxpayer to whom the advice applies, and fully describe the facts and circumstances of the transaction.

Send your request for written advice to:
State Board of Equalization; Audit and Information Section, MIC:44; PO Box 942879, Sacramento, CA 94279-0044.

TAXPAYER INFORMATION SECTION
800-400-7115

TDD/TTY 800-735-2929

Customer service representatives are available from 8 a.m. through 5 p.m., Monday-Friday, excluding state holidays.

Faxback Service. To order fax copies of selected forms and notices, call 800-400-7115 and choose the faxback option. You can call at any time for this service.

Translator Services. We can provide bilingual services for persons who need assistance in a language other than English.

TAXPAYERS' RIGHTS ADVOCATE OFFICE

If you would like to know more about your rights as a taxpayer or if you are unable to resolve an issue with the Board, please contact the Taxpayers' Rights Advocate office for help at 916-324-2798 (or toll-free, 888-324-2798). Their fax number is 916-323-3319.

If you prefer, you can write to: State Board of Equalization; Taxpayers' Rights Advocate, MIC:70; PO Box 942879; Sacramento, CA 94279-0070.

To obtain a copy of publication 70, *The California Taxpayers' Bill of Rights*, you may visit our website or call our Taxpayer Information Section.

FIELD OFFICES

See page 3.

Sales and Use Tax Privacy Notice

Information Provided to the Board of Equalization

We ask you for information so that we can administer the state's sales and use tax laws (Revenue and Taxation Code sections 6001-7176, 7200-7226, 7251-7279.6, 7285-7288.6). We will use the information to determine whether you are paying the correct amount of tax and to collect any amounts you owe. You must provide all of the information we request, including your social security number (used for identification purposes [see Title 42 U.S. Code sec.405(c)(2)(C)(i)]).

What happens if I don't provide the information?

If your application is incomplete, we may not issue your seller's permit or use tax certificate. If you do not file complete returns, you may have to pay penalties and interest. Penalties may also apply if you don't provide other information we request or that is required by law, or if you give us fraudulent information. In some cases, you may be subject to criminal prosecution.

In addition, if you don't provide information we request to support your exemptions, credits, exclusions, or adjustments, we may not allow them. You may end up owing more tax or receiving a smaller refund.

Can anyone else see my information?

Your records are covered by state laws that protect your privacy. However, we may share information regarding your account with certain government agencies. We may also share certain information with companies authorized to represent local governments.

Under some circumstances we may release to the public the information printed on your permit, account start and closeout dates, and names of business owners or partners. When you sell a business, we can give the buyer or other involved parties information regarding your outstanding tax liability.

With your written permission, we can release information regarding your account to anyone you designate.

We may disclose information to the proper officials of the following agencies, among others:

- United States government agencies: U.S. Attorney's Office; Bureau of Alcohol, Tobacco and Firearms; Depts. of Agriculture, Defense, and Justice; Federal Bureau of Investigation; General Accounting Office; Internal Revenue Service; Interstate Commerce Commission
- State of California government agencies and officials: Air Resources Board; Dept. of Alcoholic Beverage Control; Auctioneer Commission; Dept. of Motor Vehicles; Employment Development Department; Energy Commission; Exposition and Fairs; Dept. of Food and Agriculture; Board of Forestry; Forest Products Commission; Franchise Tax Board; Dept. of Health Services; Highway Patrol; Dept. of Housing and Community Development; California Parent Locator Service
- State agencies outside of California for tax enforcement purposes
- City attorneys and city prosecutors; county district attorneys, police and sheriff departments.

Can I review my records?

Yes. Please contact your closest Board office (see the white pages of your phone book). If you need more information, you may contact our Disclosure Officer in Sacramento by calling 916-445-2918. You may also want to obtain publication 58-A, *How to Inspect and Correct Your Records.* For a copy, go to *www.boe.ca.gov* or call our Information Center at 800-400-7115.

Who is responsible for maintaining my records?

The deputy director of the Sales and Use Tax Department, whom you may contact by calling 916-445-6464 or writing to the address shown.

Deputy Director
Sales and Use Tax Department, MIC:43
450 N Street
Sacramento, CA 95814