



From the Finance Department
760 Mattie Road
Pismo Beach, CA 93449
(805) 773-4657

Acct # _____

CONFIDENTIAL
CITY OF PISMO BEACH BUSINESS TAX CERTIFICATE APPLICATION

Business Name _____

Pismo Beach Location# _____ Phone _____

Business Address _____ City, State, Zip _____

Mailing address(if different from above) _____ City, State, Zip _____

Owner name: Last _____ First _____ M _____ Phone _____

Owner address: _____ City, State, Zip _____

Second owner name: _____

Owner type: Partnership _____ Corporation _____ Sole Proprietorship _____

SS # _____ Fed ID _____ State ID _____

Driver's Lic #: _____ Resale #: _____

St Contractor #: _____ Class #: _____

Business type _____ Will dancing be permitted? (Y/N) _____

If applicable: Number of: apartments; _____, rentals; _____, coin operated machines _____, vehicles _____
pool tables; _____, bowling lanes _____, billboards _____, seats _____, other _____

Do you intend to put up a sign? (Y/N) _____ (If so, a permit is required.) Number of Employees: _____

Do you have a Maintenance/Gardeners Pest Control license?(Y/N) _____ #: _____

Food related operations must notify the County Health Department. An approved form required before operation may commence.

NOTE: BUSINESS TAX CERTIFICATES ARE NOT TRANSFERABLE BETWEEN OWNERS OR LOCATIONS. THE BUSINESS TAX PERIOD IS OCTOBER 1ST TO SEPTEMBER 30TH EACH YEAR.

I declare under penalty of perjury that this statement has been examined by me and to the best of my knowledge and belief is a true, correct and complete statement:

ISSUANCE OF A BUSINESS TAX CERTIFICATE DOES NOT CONSTITUTE A PERMIT TO DO BUSINESS. IT IS THE RESPONSIBILITY OF THE BUSINESS OWNER TO MAKE SURE THE BUSINESS COMPLIES WITH ALL LAWS AND REGULATIONS PERTAINING TO THE SPECIFIC BUSINESS. IT MAY BE NECESSARY TO CONTACT THE PISMO BEACH POLICE DEPARTMENT AND/OR THE PLANNING DEPARTMENT, AS WELL AS STATE LICENSING AGENCIES AND THE SAN LUIS OBISPO COUNTY HEATH DEPARTMENT TO BE SURE YOUR BUSINESS IS NOT IN VIOLATION OF ANY RULES

Signature of applicant _____ Date _____

FOR OFFICE USE ONLY: One-time (Y/N) _____ If one-time job, location _____

Tax period: Annual _____ Semi-annual(April 1) _____ Gross Receipts _____ Fixed _____

Recd by _____ Fee _____ Date _____ Rcpt # _____



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Business Tax Certificate Gross Receipts Form

Account Number: _____

Business Name: _____

Business Mailing Address: _____

Business Location Address: _____

Gross Receipts, exclusive of liquor sales, for the preceding period October 1, 20_____ to September 30, 20_____ do not exceed the sum of: _____

\$ _____
 (Enter liquor sales for the same period)

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

 Signature of responsible party

 Date

Print name and title of responsible party signing form:

This confidential affidavit must be filed with the clerk prior to issuance of annual tax certificates.

Gross Receipt Fees
 New - Process fee \$30.00 plus scheduled fee below.
 Renewals - \$5.00 plus scheduled fee below
 Reprints - \$5.00

Amount of Business Gross Receipts (exclusive of liquor sales)	Fee Amount	
0.00 – 25,000	20.00	
25,001 – 50,000	30.00	
50,001 – 75,000	40.00	
75,001 – 100,000	50.00	
100,001 – 125,000	60.00	
125,001 – 150,000	65.00	
150,001 – 175,000	70.00	
175,001 – 200,000	75.00	
200,001 – 225,000	80.00	
225,001 – 250,000	85.00	
250,001 – 275,000	90.00	
275,001 – 300,000	95.00	
300,001 – 750,000	95.00	Plus \$10 for each additional \$50,000 or Portion thereof over \$300,001
750,001 and up	230.00	Plus \$20 for each additional \$50,000 or Portion thereof over \$750,001