



Administrative Services Department
760 Mattie Road
Pismo Beach, CA 93449
(805) 773-4657

CONFIDENTIAL Acct #
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:

Emergency Contact phone number for Fire/Police

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 COMMUNITY DEVELOPMENT DEPARTMENT PLANNING DIVISION, AS WELL AS STATE LICENSING AGENCIES AND THE SAN LUIS OBISPO COUNTY HEALTH 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 #



City of Pismo Beach
 Administrative Services Department
 760 Mattie Road
 Pismo Beach, CA 93449
 (805) 773-4655

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 a 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.

SB 1186 Fee of \$1

Renewals - \$6.00 plus scheduled fee below

Reprints - \$6.00

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