

CITY OF TWENTYNINE PALMS BUSINESS LICENSE APPLICATION

City of Twentynine Palms
6136 Adobe Road
Twentynine Palms, CA 92277
(760) 367-6799 Ext. 1012

www.29palms.org



Receipt # _____

dmcreeynolds@29palms.org

New Application

Change to Existing License

Business Name (dba or Fictitious Name):	Business Address (Street, City, State, Zip Code):
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Mailing Address if different (Street, City, State, Zip Code): _____

Business Telephone #:	Manager's Name:	Date Business Opened in City:
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Emergency Telephone #:	Email Address:	
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Type of Business: Sole Proprietorship Partnership Corporation

Business Owner Name:	Telephone # :	Date of Birth:	Driver's License # (State and Number):
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Home Address:	City:	State:	Zip Code:
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Business Owner #2 Name (if applicable):	Telephone # :	Date of Birth:	Driver's License # (State and Number):
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Home Address:	City:	State:	Zip Code:
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Building Owner Name (if different than Business Owner):	Address:	Telephone:
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Describe the Nature of Business or Activity for which License is for:

Complete all that apply below:

Resale # (CA Board of Equalization)	State Employer ID # (DE3 Form)	Federal Employer # (Tax ID #)
Health Permit # :	ABC License # (Alcohol) :	Other:

State Contractor's License # :	Classification Type: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
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Under penalty of perjury I declare that all information on this application is to the best of my knowledge and belief true and correct statement of fact. I understand that, in addition to obtaining a business license, I must comply with all other City, County, State and Federal laws, regulations, and ordinances.

Business Owner's Signature:	Title:	Date:
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Business Owner's Signature:	Title:	Date:
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Granting a Business License does not entitle holder to operate or maintain a business in violation of any law or ordinance. Businesses are required to get a Sign Permit for any new signs installed on their place of business. Sign Permits can be obtained through Code Enforcement at (760) 367-6799 ext. 1010	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">City Use Only</td> </tr> <tr> <td style="padding: 5px;">Fees</td> <td></td> </tr> <tr> <td style="padding: 5px;">Application Fee (NonRefundable) :</td> <td style="text-align: right; padding: 5px;">\$ <u>100.00</u></td> </tr> <tr> <td style="padding: 5px;">Home Occupation Permit Fee (If Applicable \$71): <i>Note: Only required when business is within the City limits, excluding the Marine Corps Base</i></td> <td style="text-align: right; padding: 5px;">\$ _____</td> </tr> <tr> <td style="padding: 5px;">SB 1186:</td> <td style="text-align: right; padding: 5px;">\$ <u>4.00</u></td> </tr> <tr> <td style="text-align: right; padding: 5px;">Total Due:</td> <td style="text-align: right; padding: 5px;">\$ _____</td> </tr> </table>	City Use Only		Fees		Application Fee (NonRefundable) :	\$ <u>100.00</u>	Home Occupation Permit Fee (If Applicable \$71): <i>Note: Only required when business is within the City limits, excluding the Marine Corps Base</i>	\$ _____	SB 1186:	\$ <u>4.00</u>	Total Due:	\$ _____
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Please Complete Form on Reverse Side

**THIS FORM MUST BE RETURNED WITH THE BUSINESS LICENSE APPLICATION
OR RENEWAL NOTICE AND PAYMENT**

Business Name: _____ Owner Name: _____

Dear Business Owner/Operator:

In September 1992, the State of California passed AB 3251, which became effective on January 1, 1993. This bill requires that every employer who applies for or renews a business license to provide proof of valid workers' compensation or proof of compliance with self-insured provisions.

Please complete the declaration below and return this form with your business license application or your renewal notice and payment. Your cooperation is appreciated. If you have any questions, please call the City of Twentynine Palms Business License Department at (760) 367-6799.

AB 3251 SEC 2. Section 3711 of the Labor Code is amended to read:

3711. (a) Every employer who applies for any license of or renewal of any license for a business issued pursuant to Section 37101 of the Government Code or Section 7284 of the Revenue and Taxation Code shall complete and sign a declaration that states the following:

WORKERS' COMPENSATION DECLARATION

I hereby affirm, under penalty of perjury, one of the following declarations:

I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided by Government Code Section 3700, for the duration of any business activities conducted for which this license is issued.

I have and will maintain workers' compensation insurance, as required by Government Code Section 3700, for the duration of any business activities conducted for which this license is issued.

My workers' compensation insurance carrier and policy number are:

Carrier: _____

Policy Number: _____

I certify that the performance of any business activities 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, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with the provisions of Section 3700.

Signature: _____ Title: _____ Date: _____

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO \$100,000, IN ADDITION TO THE COST OF COMPENSATION, DAMAGES, INTEREST AND ATTORNEY'S FEES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE.