



City of Carpinteria Business Tax License Application

Submit to: Finance/Administration Department

Required for all business conducted within the City of Carpinteria

5775 Carpinteria Avenue, Carpinteria, CA 93013 (805) 880-3406 or (805) 755-4448

Business Information

Business Name:		
Business Address (Physical Address/ No PO Box):		
City:	State:	ZIP Code:
Phone:	Fax:	Email:
Business Mailing Address (If different than above business address):		
Business Website:		
Business Owner's Name:		Phone:
Business Owner's Address:		
Other Contact Person:		Email:

Legal Information

Ownership Type: <input type="checkbox"/> Sole Ownership <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other:		
Federal Tax ID No.:	Type of State License:	State License No.:
Board of Equalization No.:	Resale License No.:	

Detailed Business Description / Plan - Please attach additional sheets and diagrams if necessary.

Business Information

Type of Application Request: <input type="checkbox"/> New Business <input type="checkbox"/> Existing Business <input type="checkbox"/> New Location / Existing Business		
<input type="checkbox"/> Owner Change <input type="checkbox"/> New Mailing Address <input type="checkbox"/> Business Name Change		
Number of Employees (include owner):		
<p><i>This business license, if granted, is not a permit and does not permit any occupation or activity which is otherwise not permitted by any regulation or rule or law, whether adopted by the City, State or Federal government. Persons having paid a license tax are not thereby relieved from the payment of any other fees or taxes required by the City, State or Federal government. This license shall not constitute a Certificate of Occupancy, which is also required of all new businesses. A separate application shall be made to determine if the proposed use and location are allowed under the Municipal Code. Failure to obtain a Certificate of Occupancy may result in the revocation or denial of this Business License Application. Misrepresentations on this application are a violation of Carpinteria Municipal Code §5.04.320.</i></p>		
I certify under penalty of perjury that the information provided herein is true, correct and complete.		
Applicant Signature	Name Printed & Title	Date

For Office Use Only

\$32.00 outside City or \$55.00 in City Application Fee	+	Business Tax See Chart	+	Other Fees \$1.00 SB1186	=	Total Fees Paid	Date: _____ Receipt No. : _____ By: _____
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STATE MANDATE SB 1186 – DISABILITY ACCESS requires cities to impose a \$1 state fee on all business licenses issued on or after Jan 1, 2013. The fees are to be used to increase disability access and compliance with construction-related accessibility requirements and to develop education resources for businesses to facilitate compliance with federal and state disability laws. 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 State Architect www.dgs.ca.gov/dsa/Home.aspx, The Dept. Of Rehabilitation www.rehab.cahwnet.gov and The California Commission on Disability Access www.cdda.ca.gov.

Certificate of Occupancy Approved by Community Development Department: Yes No Staff: _____

Is Business Located in PBIAA District? Yes No Public Works Staff: _____ Date: _____

*****Attach Certificate of Occupancy, if applicable, to Business License Application and submit to Finance Department. *****

Finance/Administration Department Signature	Print Name & Title	Date
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City of Carpinteria Certificate of Occupancy Application

Submit to: Community Development Department prior to applying for a Business License
 Required for all business located within the City of Carpinteria's jurisdiction.
 5775 Carpinteria Avenue, Carpinteria, CA 93013 (805) 755-4410

Business Information		
Business Name:		
Business Address (Physical Address/ No PO Box):		
Business Phone:	Email:	
Business Website:		
Business Owner's Name:	Owner Phone:	
Business Owner's Mailing Address:		
Detailed Business Description		
Please provide a detailed business description, site plan and floor plan. Please attach additional sheets and diagrams if necessary.		
Location/ Zoning		
Business Location: <input type="checkbox"/> Office <input type="checkbox"/> Retail/Commercial <input type="checkbox"/> Industrial/Manufacturing <input type="checkbox"/> Home (See Home Occupation Permit) <input type="checkbox"/> Other: _____		
Proposed modification or alterations to building:	No. Parking Spaces Provided:	Number of Company Vehicles:
Number of Employees (include owner):	Does the business propose to sell alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the business propose to sell tobacco, tobacco related products or other smoking related materials? <input type="checkbox"/> Yes <input type="checkbox"/> No	Would the business involve any hazardous materials or chemicals? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a brief description.	
Does the business propose new signage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will there be any truck deliveries or pickups? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Prior use of building:	Your business may require approval from one or more of the following agencies: Santa Barbara County Sheriff's Department (805)684-4561 County Air Pollution Control District (805)961-8800 County Environmental Health Services (805)684-4900 Carpinteria-Summerland Fire District (805)566-2451 Carpinteria Sanitary District (805)684-7214 Carpinteria Valley Water District (805-684-2816 County of Santa Barbara Clerk Recorder's (805-568-2250	

Misrepresentations on this application are a violation of Carpinteria Municipal Code §5.04.320.

Signature of Applicant

I certify under penalty of perjury that the information provided herein is true, correct and complete.

Applicant Signature

Print Name & Title

Date

Signature of Property Owner

I certify that the applicant has permission to use the property for the use as described herein.

Property Owner Signature

Print Name

Date

Property Owner Mailing Address

Phone and Email Address

CDD USE ONLY

Division	Approved	Denied	Date	Remarks
Planning				
Code Compliance				
Building				
Fire				
Sheriff				
Water				
Sanitary				

Conditions of Approval:

Inspection Fee \$110.00

Inspection Required

No Inspection Required - Fee Waived

\$ _____
Total Paid

Date: _____

Receipt No. : _____

By: _____

Certificate of Occupancy Approved by Community Development Department: Yes No

Community Development Staff Signature

Name Printed & Title

Date

* Attach the Certificate of Occupancy to the Business License Application and submit to Finance Department.

* File copy of the Certificate of Occupancy in the street file.