



City of Palm Springs

Business License Tax Division

3200 E. Tahquitz Canyon Way • Palm Springs, California • 92262

Tel: (760) 323-8289 • Fax: (760) 322-8344 • Web: www.palmspringsca.gov

NEW BUSINESS LICENSE TAX

APPLICATION

PLEASE FILL IN ALL APPLICABLE SPACES. FOR HELP WITH THIS FORM OR INFORMATION, PLEASE CALL (760) 323-8289.

TYPE OF OWNERSHIP	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> Trust
(A Federal ID # is required for all types of ownerships except individual)					
BUSINESS NAME	_____	MAILING ADDRESS	_____		
BUSINESS ADDRESS	_____	CITY, STATE, ZIP	_____		
CITY, STATE, ZIP	_____	EMAIL ADDRESS	_____		
TELEPHONE	_____	FEDERAL ID OR SS #	_____		
EMERGENCY CONTACT NAME AND TELEPHONE	_____				

OWNER 1 NAME	_____	OWNER 2 NAME	_____
HOME ADDRESS	_____	HOME ADDRESS	_____
CITY, STATE, ZIP	_____	CITY, STATE, ZIP	_____
TELEPHONE	_____	TELEPHONE	_____

TYPE OF BUSINESS	<input type="checkbox"/> Service	<input type="checkbox"/> Wholesale/Retail	<input type="checkbox"/> Home	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Administrative	<input type="checkbox"/> Property Mgmt.
DESCRIPTION OF BUSINESS	_____	NUMBER OF RENTAL UNITS	_____			
CONTRACTOR LICENSE NO./CLASS	_____	NUMBER OF FUEL PUMPS	_____			
SELLER'S PERMIT NUMBER	_____	NUMBER OF VENDING MACHINES	_____			
DRIVER'S LICENSE NUMBER/CLASS	_____	NUMBER OF SEATS	_____			
NUMBER OF SQUARE FEET	_____	NUMBER OF IN-CITY PERSONNEL	_____			

BUSINESS LICENSE FEE CALCULATION SECTION (Please refer to the Application Instruction Sheet and Fee Scale to determine tax.)		
	BUSINESS LICENSE FEE	\$ _____
*State Mandated Disability Access Fee (SB 1186 - \$1.00 fee effective 1-01-13)	ADMINISTRATIVE FEE	\$ 31.00
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:	BUSINESS IMPROVEMENT FEE	\$ N/A
· The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx	BUILDING INSPECTION FEE	\$ _____
· The Department of Rehabilitation at www.rehab.cahwnet.gov	FIRE & SAFETY FEE	\$ _____
· The California Commission on Disability Access at www.cdda.ca.gov	HOME OCCUPATION FEE	\$ _____
	PENALTY _____%	\$ _____
	STATE DISABILITY ACCESS FEE*	\$ 4.00
SIGNATURE AND DATE _____	TOTAL AMOUNT DUE	\$ _____

PLEASE SIGN AND RETURN THIS BUSINESS LICENSE TAX APPLICATION ALONG WITH YOUR CHECK PAYABLE TO THE CITY OF PALM SPRINGS TO: CITY OF PALM SPRINGS, BUSINESS LICENSE DIVISION, P.O. BOX 2743, PALM SPRINGS, CA 92263-2743

FOR DEPARTMENT USE ONLY		
PLANNING APPROVAL	_____	
POLICE APPROVAL	_____	
ACCOUNT NUMBER	_____	RECEIPT NUMBER _____
		PROCESS DATE _____