



# 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](http://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	_____				

<b>BUSINESS LICENSE FEE CALCULATION SECTION</b> (Please refer to the Application Instruction Sheet and Fee Scale to determine tax.)		
<p><b>*State Mandated Disability Access Fee and CASP Training</b> (AB1379 - \$4.00 fee effective 1-01-18)</p> <p>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:</p> <ul style="list-style-type: none"> <li>· The Division of the State Architect at <a href="http://www.dgs.ca.gov/dsa/Home.aspx">www.dgs.ca.gov/dsa/Home.aspx</a></li> <li>· The Department of Rehabilitation at <a href="http://www.rehab.cahwnet.gov">www.rehab.cahwnet.gov</a></li> <li>· The California Commission on Disability Access at <a href="http://www.cdda.ca.gov">www.cdda.ca.gov</a></li> </ul> <p>** Effective 03/01/2018 the Fire Dept. is collecting the Fire &amp; Safety fee directly. The Fire Dept. maybe contacting the applicant at a later date.</p>	<b>BUSINESS LICENSE FEE</b>	\$ _____
	<b>ADMINISTRATIVE FEE</b>	\$ 31.00
	<b>BUSINESS IMPROVEMENT FEE</b>	\$ N/A
	<b>BUILDING INSPECTION FEE</b>	\$ _____
	<b>FIRE &amp; SAFETY FEE **</b>	\$ N/A
	<b>HOME OCCUPATION FEE</b>	\$ _____
	<b>PENALTY _____%</b>	\$ _____
	<b>STATE DISABILITY ACCESS FEE*</b>	\$ 4.00
	<b>TOTAL AMOUNT DUE</b>	\$ _____

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

SIGNATURE X _____	DATE _____
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<b>FOR DEPARTMENT USE ONLY</b>		
PLANNING APPROVAL _____		
POLICE APPROVAL _____		
ACCOUNT NUMBER _____	RECEIPT NUMBER _____	PROCESS DATE _____