



# City of Palm Springs

## Business License 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**

**APPLICATION**

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

<b>TYPE OF OWNERSHIP</b>	<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)					
<b>BUSINESS NAME</b>	_____	<b>MAILING ADDRESS</b>	_____		
<b>BUSINESS ADDRESS</b>	_____	<b>CITY, STATE, ZIP</b>	_____		
<b>CITY, STATE, ZIP</b>	_____	<b>EMAIL ADDRESS</b>	_____		
<b>TELEPHONE</b>	_____	<b>FEDERAL ID OR SS #</b>	_____		
<b>EMERGENCY CONTACT NAME AND TELEPHONE</b>	_____				

<b>OWNER 1 NAME</b>	_____	<b>OWNER 2 NAME</b>	_____
<b>HOME ADDRESS</b>	_____	<b>HOME ADDRESS</b>	_____
<b>CITY, STATE, ZIP</b>	_____	<b>CITY, STATE, ZIP</b>	_____
<b>TELEPHONE</b>	_____	<b>TELEPHONE</b>	_____

<b>TYPE OF BUSINESS</b>	<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.
<b>DESCRIPTION OF BUSINESS</b>	_____	<b>NUMBER OF RENTAL UNITS</b>	_____			
<b>CONTRACTOR LICENSE NO./CLASS</b>	_____	<b>NUMBER OF FUEL PUMPS</b>	_____			
<b>SELLER'S PERMIT NUMBER</b>	_____	<b>NUMBER OF VENDING MACHINES</b>	_____			
<b>DRIVER'S LICENSE NUMBER/CLASS</b>	_____	<b>NUMBER OF SEATS</b>	_____			
<b>NUMBER OF SQUARE FEET</b>	_____	<b>NUMBER OF IN-CITY PERSONNEL</b>	_____			

<b>BUSINESS LICENSE FEE CALCULATION SECTION</b> (Please refer to the Application Instruction Sheet and Fee Scale to determine tax.)																												
	<table> <tr><td><b>BUSINESS LICENSE FEE</b></td><td>\$</td><td>_____</td></tr> <tr><td><b>ADMINISTRATIVE FEE</b></td><td>\$</td><td>_____</td></tr> <tr><td><b>BUSINESS IMPROVEMENT FEE</b></td><td>\$</td><td>_____</td></tr> <tr><td><b>BUILDING INSPECTION FEE</b></td><td>\$</td><td>_____</td></tr> <tr><td><b>FIRE &amp; SAFETY FEE</b></td><td>\$</td><td>_____</td></tr> <tr><td><b>HOME OCCUPATION FEE</b></td><td>\$</td><td>_____</td></tr> <tr><td><b>PENALTY</b> _____%</td><td>\$</td><td>_____</td></tr> <tr><td><b>STATE DISABILITY ACCESS FEE*</b></td><td>\$</td><td>_____</td></tr> <tr><td><b>TOTAL AMOUNT DUE</b></td><td>\$</td><td>_____</td></tr> </table>	<b>BUSINESS LICENSE FEE</b>	\$	_____	<b>ADMINISTRATIVE FEE</b>	\$	_____	<b>BUSINESS IMPROVEMENT FEE</b>	\$	_____	<b>BUILDING INSPECTION FEE</b>	\$	_____	<b>FIRE &amp; SAFETY FEE</b>	\$	_____	<b>HOME OCCUPATION FEE</b>	\$	_____	<b>PENALTY</b> _____%	\$	_____	<b>STATE DISABILITY ACCESS FEE*</b>	\$	_____	<b>TOTAL AMOUNT DUE</b>	\$	_____
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<b>TOTAL AMOUNT DUE</b>	\$	_____																										
<p>*State Mandated Disability Access Fee (SB 1186 - \$1.00 fee effective 1-01-13)</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>																												
<b>SIGNATURE AND DATE</b> _____																												
<b>PLEASE SIGN AND RETURN THIS BUSINESS LICENSE 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</b>																												

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