



THIS FORM IS REQUIRED BY THE CITY OF IB TO VERIFY YOUR BUSINESS LICENCE. THERE WILL BE NO FEE OUT OF CITY BUSINESS LICENCE WILL PAY \$51 FOR FOOD or \$26 FOR RETAIL/INFORMATION BOOTHS

CITY OF IMPERIAL BEACH
825 Imperial Beach Blvd. Imperial
Beach, CA 91932 (619) 628-1423
BUSINESS TAX CERTIFICATE APPLICATION
Special Event Vendor Application
FEES ARE NON-REFUNDABLE

NOTE: ALL APPLICABLE QUESTIONS MUST BE ANSWERED OR APPLICATION WILL BE REJECTED

As mandated by the State per SB 1186 the City of Imperial Beach is required to collect a new state- imposed \$1.00 fee from all applicants and renewal applicants for a local business license on and after January 1, 2013, and until December 31, 2018. Among other things, funds generated by this fee will be used to promote disability access and related services in the City. 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 the State Architect at www.dgs.ca.gov/dsa/Home.aspx. The Department of Rehabilitation at www.rehab.cahwnet.gov. The California Commission on Disability Access at www.cdda.ca.gov

FOOD/DRINKS (\$51) **INFO/RETAIL/SERVICES (\$26)** **NON PROFIT/GOVERNMENT**

IB BASED BUSINESS LOCATION/BUSINESS LICENSE #

EVENT NAME: TASTE OF IB 2016

EVENT DATES: MARCH 19th, 2016

1. Business Name: _____ Phone No _____
2. Business Address: _____
3. Mailing Address: _____
4. Type of business: _____ Email _____
5. Federal ID No/Social Security # (required) _____ Resale Tax No. _____ (need copy)
6. Structure of Business: Corporation Single Ownership Partnership Trust Limited Liability Non Profit
6. List all products for sale _____
7. Description of all handouts _____
8. Owner/Officer/Manager Information

Name: _____ Phone No: _____

Address: _____ I HEREBY
DECLARE UNDER THE PENALTY OF PERJURY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE
STATEMENTS MADE HEREIN ARE CORRECT AND TRUE.

SIGNATURE _____ DATE: _____ FINANCE
DEPT: BASIC FEE: \$ _____ SB 1186 \$1.00 TOTAL FEE _____

LICENSE #15-00005951 _____ BUS CONTROL # _____