**CITY OF PISMO BEACH**
**Administrative Services Department**
760 Mattie Road
Pismo Beach, CA 93449
(805) 773-4655
**BL@pismobeach.org**

# CONTRACTOR'S BUSINESS TAX CERTIFICATE APPLICATION

Business Name_____ Telephone_____

Owner Name _____ Email _____
LAST FIRST

Mailing Address _____

Mailing City, State & Zip _____

Business Location Address_____

City, State & Zip _____

Emergency Contact for Fire/Police _____ Telephone_____Email _____

Owner type: Partnership _____ Corporation _____ Sole Proprietorship _____

SS# _____ Driver's License_____

State ID _____Fed ID _____

Type of Contractor _____License #_____ Class #_____

Do you have a Maintenance/ Gardener's Pest Control License? No _____ Yes - #_____

Do you wish a limited license for one job only? _____ If yes, give location: _____

## SCHEDULE OF FEES

**New Application Processing Fee $46.32 plus scheduled fee below**
**Renewal – Processing Fee $19.56, SB1186 Fee of $4, plus scheduled fee below**

| Contractor Classification | Annual 10/1 - 9/30 | Semi-Annual 4/1 - 9/30 |
|---|---|---|
| Electrical | $30 | $15 |
| Excavating | $40 | $20 |
| General | $35 | $18 |
| Grading | $40 | $20 |
| House moving or wrecking | $50 | $50 |
| Paving | $40 | $20 |
| Pipeline | $40 | $20 |
| Plumbing | $30 | $15 |
| Sewer | $40 | $20 |
| Street | $40 | $20 |
| Trenching | $40 | $20 |
| Other | $25 | $13 |
| One-time job | | $10 |
| Reprint Fee | | $6 |

## A WORKER'S COMPENSATION DECLARATION MUST BE SUBMITTED WITH THIS APPLICATION

**Issuance of a Business Tax Certificate does not constitute a permit to do business. It is the responsibility of the owner to make sure the business complies with all laws and regulations pertaining to the specific business. (Exceptions: House moving/ wrecking)**

**I declare under penalty of perjury that this application and information has been examined by me and to the best of my knowledge and belief is a true, correct, and complete statement.**

Signature_____ Date_____

# WORKERS' COMPENSATION DECLARATION

**I hereby affirm, under penalty of perjury, one of the following declarations:**

☐ **I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided by Section 3700, for the duration of any business activities conducted for which this license is issued.**

☐ **I have and will maintain workers' compensation insurance, as required by Section 3700, for the duration of any business activities conducted for which this license is issued.**

**My workers' compensation insurance carrier, policy number and effective date are:**

**Carrier:** _____

**Policy Number:** _____ **Effective Date:** _____

☐ **I certify that in the performance of any business activities for which this license is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation provisions of Section 3700 of the Labor Code. I shall forthwith comply with the provisions of Section 3700.**

_____ _____

**Signature** **Date**

_____ _____

**Printed Name** **Title**

**WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO $100,000, IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.**