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

BUSINESS TAX CERTIFICATE APPLICATION

Business Name _____ Phone _____

Business Email _____ Website _____

Business Location _____
CITY STATE ZIP

PO boxes are not accepted as a business location. If your business operates in Pismo Beach, approval from the Community Development Department is required.

Mailing Address if different than above _____
CITY STATE ZIP

Owner Name _____ Telephone _____ Email _____
LAST FIRST

Owner Address _____
CITY STATE ZIP

Additional Owner _____ Telephone _____ Email _____

Emergency Contact for Fire/Police _____ Telephone _____ Email _____

Ownership type: Partnership _____ Corporation _____ Sole Proprietorship ____ Other _____

SSN _____ Fed ID _____ State ID _____

Driver's License _____ Resale # _____

Please provide a detailed description of the nature of your business, including products or services offered.

_____

_____

If applicable, number of:

Will dancing be permitted? _____

Apartments _____ Vehicles _____
Rentals _____ Pool Tables _____
Coin Operated Machines _____ Seats _____

Do you intend to put up a sign? _____ **permit required**

Number of Employees: _____

Do you have a Maintenance/Gardeners Pest Control license? (Y/N) _____ **#:** _____

ISSUANCE OF A BUSINESS TAX CERTIFICATE DOES NOT CONSTITUTE A PERMIT TO DO BUSINESS. IT IS THE RESPONSIBILITY OF THE BUSINESS OWNER TO MAKE SURE THE BUSINESS COMPLIES WITH ALL LAWS AND REGULATIONS PERTAINING TO THE SPECIFIC BUSINESS. IT MAY BE NECESSARY TO CONTACT THE PISMO BEACH POLICE DEPARTMENT AND/OR THE COMMUNITY DEVELOPMENT DEPARTMENT PLANNING DIVISION, AS WELL AS STATE, COUNTY, AND FEDERAL LICENSING AGENCIES AND THE SAN LUIS OBISPO COUNTY HEALTH DEPARTMENT TO BE SURE YOUR BUSINESS IS NOT IN VIOLATION OF ANY RULES.

Planning Approval (signature needed if business is within City limits) _____ **Date** _____

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.

Revised 7/01/26

Signature of applicant_____ **Date**_____

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Select Gross Receipt Sales Period: excluding liquor:

Period of January 1, 20_____ to December 31, 20_____

Period of July 1, 20_____ to June 30, 20_____

Period of October 1, 20_____ to September 30, 20 _____

Other: 12-month Period of _____ to _____

SCHEDULE OF FEES

New Application Processing Fee - $46.32 plus fee below

Renewal – Processing Fee $19.56, SB1186 Fee of $4, plus fee below

A. Gross Receipts Total	$
B. Liquor Sales	$
C. Line A-B	$

THE BUSINESS TAX PERIOD IS OCTOBER 1ST TO SEPTEMBER 30TH EACH YEAR. This business tax certificate must be renewed by September 30th, or the business owner will be considered in violation of the City's Municipal Code and penalties will be assessed. All returned checks will be assessed as a service charge.

BUSINESS TAX CERTIFICATES ARE NOT TRANSFERABLE BETWEEN OWNERS OR LOCATIONS.

Tax Due (Schedule at Left) $ _____

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

_____ _____

Signature of responsible party Date

Print name and title of responsible party signing form

_____

Revised 7/01/26