

CITY OF TWENTYNINE PALMS BUSINESS LICENSE APPLICATION



6136 Adobe Road
 Twentynine Palms, C 92277
 (760) 367-6799

Receipt # _____

www.ci.twentynine-palms.ca.us

On-line form

Business Name (dba or Fictitious Name)	Mailing Address
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Business Location (Complete Address, City, State, Zip) _____

Business Telephone #	Owners Business Telephone #	Date Business Opened in City
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Manager's Name	Emergency Telephone #	Alarm: Yes <input type="checkbox"/> No <input type="checkbox"/> Alarm Company Name:
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Type of Organization Sole Proprietorship Partnership Corporation

New Renewal Changes Home Occupation

Owner Name	Home Telephone #	Date of Birth	Driver's License #	Social Security #
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Home Address	City	State	Zip Code
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Owner Name	Home Telephone #	Date of Birth	Driver's License #	Social Security #
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Home Address	City	State	Zip Code
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Resale # (Board of Equalization)	State Employer ID # (DE3 Form)	Federal Employee # (Tax ID#)
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Health Permit #	ABC License (Alcohol)	Home Occupation Permit #	# of Business Vehicles
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CA Contractor's Lic #	Classification #	Other	State or Federal #s
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A B C _____

Describe nature of business or activity for which permit is requested.

Under penalty of perjury I declare that all information on this application is to the best of my knowledge and belief true and correct statement of fact.
 I understand that, in addition to obtaining a business license, I must comply with all other City, County, State and Federal laws, regulations, and ordinances.

Building Owner Information

Name: _____ Address: _____ Telephone: _____

Business Owner's

Signature: _____ Title: _____ Date: _____

City Use Only

	Date	(All Fees Non-Refundable)
Business Licenses _____	_____	Fees
Planning _____	_____	Applicant Fee \$ _____
Building & Safety _____	_____	
Fire _____	_____	HOP \$ _____
Code Enforcement _____	_____	
(Home Business Only) _____	_____	Other \$ _____
MBTA _____	_____	
Police _____	_____	Total Due \$ _____
APN _____	Zoning _____	

Granting a Business License does not entitle holder to operate or maintain a business in violation of any law or ordinance.

Please complete form below

**PLEASE COMPLETE THIS FORM AND RETURN IT WITH THE BUSINESS LICENSE APPLICATION
OR RENEWAL NOTICE AND PAYMENT**

BUSINESS LICENSE NAME: _____ LICENSE NO. _____

Dear Business Owner/Operator:

In September 1992, the State of California passed AB3251, which became effective on January 1, 1993, This bill requires that every employer who applies for or renews a business license to provide proof of valid workers' compensation or proof of compliance with self-insurance provisions.

Please complete the declaration below and return this form with your business license application or your renewal notice and payment. Your cooperation is appreciated. If you have any questions, please call the City of Twentynine Palms Business License Division at (760) 367-6799.

AB3251 SEC 2. Section 3711 of the Labor Code is amended to read:

3711. (a) Every employer who applies for any license or for renewal of any license for a business issued pursuant to Section 37101 of the Government Code or Section 7284 of the Revenue and Taxation Code shall complete and sign a declaration that states the following.:

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 Government Code 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 Government Code Section 3700, for the duration of any business activities conducted for which this license is issued.

My workers' compensation insurance carrier and policy number are:

Carrier: _____

Policy Number: _____

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 laws of California, and agree that if I should 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

Title

Date

THE STATE OF CALIFORNIA REQUIRES WORKERS' COMPENSATION INSURANCE.