

CITY OF TWENTYNINE PALMS BUSINESS LICENSE APPLICATION

www.29palms.org

City of Twentynine Palms
 Business License Department
 73660 Civic Center Dr, Ste. D
 Twentynine Palms, CA 92277
 (760) 367-6799 Ext. 1012

Receipt # _____
 New _____ Changes _____



dmcreeynolds@29palms.org

Business Name (dba or Fictitious Name):	Business Address(City, State,Zip):
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Mailing Address (City, State, Zip):

Business Telephone #:	Manager's Name:	Date Business Opened in City:
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Emergency Telephone #:	Email Address:	Alarm Company? ____ Yes ____ No Alarm Company Name:
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Type of Organization ____ Sole Proprietorship ____ Partnership ____ Corporation

Business Owner Name:	Home Telephone # :	Date of Birth:	Driver's License # (including State):
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Home Address:	City:	State:	Zip Code:
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Business Owner Name:	Home Telephone # :	Date of Birth:	Driver's License # (including State):
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Home Address:	City:	State:	Zip Code:
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Building Owner Information - Name:	Address:	Telephone:
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Resale # (CA Board of Equalization)	State Employer ID # (DE3 Form)	Federal Employer # (Tax ID #)
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Health Permit # :	ABC License (Alcohol) :	Other:
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State Contractor's License # :	Classification # <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
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Describe Nature of Business or Activity for which License 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.

Business Owner's

Signature:	Title:	Date:
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City Use Only

	Date	Fees
Business Licenses	_____	Application Fee (NonRefundable) : \$ <u>85.00</u>
Planning	_____	Home Occupation Permit Fee : \$ _____
Building & Safety	_____	SB 1186: \$ <u>1.00</u>
Fire	_____	
Code Enforcement	_____	
(Home Business Only)	_____	
Police	_____	
A.P. # _____ Zoning: _____		Total Due: \$ _____

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

Please Complete Form on Reverse

**THIS FORM MUST BE RETURNED WITH THE BUSINESS LICENSE APPLICATION
OR RENEWAL NOTICE AND PAYMENT**

Business Name: _____ Owner Name: _____

Dear Business Owner/Operator:

In September 1992, the State of California passed AB 3251, 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-insured 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 Department at (760) 367-6799.

AB 3251 SEC 2. Section 3711 of the Labor Code is amended to read:

3711. (a) Every employer who applies for any license of or 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 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: _____

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, INTEREST AND ATTORNEY'S FEES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE.