

CITY OF IMPERIAL BEACH
825 Imperial Beach Blvd.
Imperial Beach, CA 91932
(619) 628-1423

BUSINESS TAX CERTIFICATE APPLICATION
Rental Application

FEES ARE NON-REFUNDABLE

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

NEW BUSINESS CHANGE OF ADDRESS CHANGE OF OWNERSHIP CHANGE OF BUSINESS NAME RENEWAL

1. Business Name: _____ Phone No. _____

2. Rental/Business Address: _____

3. Mailing Address: _____

4. Owner/Officer/Manager Information

Name: _____ Phone No: _____

Address: _____

5. Emergency Contact: Name: _____ Phone No: _____

6. Description of proposed building alterations: _____

7. Dwelling Units/Hotel/Motel: How many units do you rent? _____

Do you rent any units for less than 30 days? Yes No

Address of property rented: _____

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. TOTAL FEES: \$ _____

DATE ISSUED: ____/____/____ LICENSE # _____ BUS CONTROL # _____ RECEIPT # _____

ZONING COMPLIANCE _____ OTHER _____