



44-950 Eldorado Drive, Indian Wells, CA 92210

T: (760) 346-2489 F: (760) 346-0407

www.indianwells.org

CITY USE ONLY
License # _____

BUSINESS LICENSE APPLICATION (Within City Limits - Commercial)

Please **TYPE** or **PRINT CLEARLY**

Business Name: _____

Business Address: _____ Business Phone: (____) _____

City, State, Zip: _____ Business Fax: (____) _____

Mailing Address: _____ Email Address: _____

City, State, Zip: _____

Description of Business: _____

Ownership: Corporation Sole Proprietor Partnership Limited Partnership LLC Trust

Federal Tax ID (FEIN): _____ State Tax ID (SEIN): _____ Resale: _____

OWNERS, PARTNERS OR CORPORATE OFFICERS – ATTACH ADDITIONAL SHEETS AS NECESSARY

Name: _____ Title: _____

Address: _____ Phone: (____) _____

City, State, Zip _____ Email address: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Title: _____ Phone: (____) _____

Address: _____ Cell: (____) _____

LICENSE FEES – CHECK APPLICABLE FEE DUE

<input type="checkbox"/> Eating Establishment:	\$160.00
<input type="checkbox"/> Professional Office:	\$114.00
<input type="checkbox"/> Hotels:	\$527.00
*Mandatory State Fee must be added to fee above	\$ 4.00

Total Amount Due: \$ _____ + **\$4.00** = \$ _____

I declare under penalty of perjury that the information contained in this application is true and correct to the best of my knowledge and belief. Furthermore, any license(s) required by the County, State or Federal Government are issued to me and are in full force and effect.

Authorized Signature: _____ **Date:** _____

Print Name: _____ **Title:** _____

****IMPORTANT: PLEASE SEE REVERSE SIDE FOR ADDITIONAL INFORMATION****

WORKER'S COMPENSATION DECLARATION

- I have and will maintain a certificate of consent to self-insure for worker's 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 worker's compensation insurance as required by Section 3700, for the duration of any business activities conducted for which this license is issued.
Carrier: _____ Policy No.: _____ Exp.: _____
- I Certify that in the performance of any Business activity for which a Business License is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation Laws of the State of California, and I agree that if I should become subject to the Worker's Compensation Provisions of Section 3700, I will provide the City with a Policy or Certificate within ten (10) days of the change in requirement.

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

Applicant Signature: _____ Date: _____

WARNING: Failure to secure Worker's 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 in Section 3706 of the Labor Code, interest, and attorney fees.

* On September 19, 2012, Governor Brown signed into law Senate Bill 1186, which adds a state fee of \$1.00 on any applicant or renewal for a local business license beginning January 1, 2013. In addition, SB1186 requires the following information to be given:

Notice: Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx - The Department of Rehabilitation at www.rehab.cahwnet.gov - The California Commission on Disability Access at www.cdda.ca.gov

FOR CITY USE ONLY – CITY APPROVALS:

Planning Department: Approved _____ Denied _____ Initial & Date: _____

Building Department: Approved _____ Denied _____ Initial & Date: _____

Fire Department: Approved _____ Denied _____ Initial & Date: _____