



# CITY OF CALEXICO

608 HEBER AVE. . CALEXICO, CA. 92231  
 ATTN: BUSINESS LICENSE DEPARTMENT

(760)768-2122 for payments Mail Applications or submit to E-mail: [businesslicense@calexico.ca.gov](mailto:businesslicense@calexico.ca.gov)

## BUSINESS LICENSE APPLICATION

City website: [www.calexico.ca.gov](http://www.calexico.ca.gov)

Business Name _____  Business Location _____ <small>(List address where individual consents to receive service of process per AB2184, Sec 16000.1(a)(2) and 16100.1(a)(2))</small>  Bus. Phone ( _____ ) Bus. Fax ( _____ )	OFFICIAL USE ONLY
	BUSINESS LICENSE # _____
	NEED WATER Account # _____
	DATE PAID _____ CASH _____ CHECK _____
	BUS. START DATE IN CALEXICO EFFECTIVE: _____

Mailing Address _____ <small>(if Different from the service of process Address/Business Address)</small>  Description of Business _____  Landlord Name: _____ Business Acct. # _____ <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; background-color: #e0e0e0; font-weight: bold;">NEED WATER Account # _____</td> <td style="width:80%; background-color: #e0e0e0;">Commercial Units _____</td> </tr> <tr> <td style="background-color: #e0e0e0;"># _____</td> <td style="background-color: #e0e0e0;">Fire Fee \$ _____</td> </tr> </table>	NEED WATER Account # _____	Commercial Units _____	# _____	Fire Fee \$ _____	Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Ltd Liability Corp. <input type="checkbox"/> Sole Proprietor  Business Type: <input type="checkbox"/> Retail Service <input type="checkbox"/> Wholesale Apartments  MUST HAVE A Resale No. BOE: _____ MUST HAVE A Federal ID No. _____ MUST HAVE A State ID No. _____
NEED WATER Account # _____	Commercial Units _____				
# _____	Fire Fee \$ _____				

Enter below names of Owners, Partners, or Corporate Officers- Use additional sheets as necessary NOT PUBLIC INFORMATION

Owner Name Home _____	Title _____	Phone ( _____ ) _____
Service of Process Address _____		Web-site _____
Social Security/Driver's License or Other ID # _____		E-Mail _____

**Contact Person:**

Name _____	Title _____	Phone( _____ ) _____
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**PLEASE COMPLETE THE FOLLOWING:**

APARTMENTS <input type="checkbox"/>  NO. OF UNITS <input type="checkbox"/>	NOTE: Sales or use tax may apply to your business activities. You may seek written advice regarding the application of tax to your particular business by calling to the nearest State Board of Equalization at 1-800-400-	<p style="color: red; font-weight: bold;">PLEASE E-MAIL AT <a href="mailto:businesslicense@calexico.ca.gov">businesslicense@calexico.ca.gov</a> WITH ESTIMATE OF GROSS RECEIPTS FOR BUSINESS LICENSE FEE</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">One Year Estimated Gross</td> <td style="width:20%; text-align: right;">\$ _____</td> </tr> <tr> <td><i>BID FEES ZONE 1 &amp; 2, IF APPLICABLE</i></td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Business License Application Fee</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Regulation Fee \$20.00</td> <td style="text-align: right;">\$ 20.00</td> </tr> <tr> <td style="background-color: #e0e0e0;">FIRE INSPECTION FEE</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="background-color: #e0e0e0;">EFFECTIVE JANUARY 1, 2018: AB 1379 STATE MANDATED DISABILITY ACCESS AND EDUCATION REVOLVING FUND</td> <td style="text-align: right;">\$ 4.00</td> </tr> <tr> <td style="background-color: #e0e0e0; font-weight: bold;">TOTAL AMOUNT DUE</td> <td style="text-align: right; font-weight: bold;">\$ _____</td> </tr> </table>	One Year Estimated Gross	\$ _____	<i>BID FEES ZONE 1 &amp; 2, IF APPLICABLE</i>	\$ _____	Business License Application Fee	\$ _____	Regulation Fee \$20.00	\$ 20.00	FIRE INSPECTION FEE	\$ _____	EFFECTIVE JANUARY 1, 2018: AB 1379 STATE MANDATED DISABILITY ACCESS AND EDUCATION REVOLVING FUND	\$ 4.00	TOTAL AMOUNT DUE	\$ _____
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Thank you for doing business in the City of Calexico!

I DECLARE, UNDER PENALTY OF PERJURY, THAT THE ABOVE APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I CERTIFY THAT I WILL OPERATE MY BUSINESS IN ACCORDANCE WITH ALL APPLICABLE FEDERAL, STATE AND CITY LAWS AND REGULATIONS. I FURTHER UNDERSTAND THAT ANY FALSE STATEMENTS MADE ABOVE ARE GROUNDS FOR DENIAL OR REVOCATION OF THE BUSINESS LICENSE.

Date: \_\_\_\_\_ Signature of Owner or Representative: \_\_\_\_\_

RETURN ENTIRE APPLICATION FORM TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO THE CITY OF CALEXICO

License Reviewed & Cl _____	OFFICIAL USE ONLY													
Finance Dept. _____	Police Dept. (fingerprints) _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"></td> <td style="width:50%; text-align: right;"><i>Please Check One</i></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">NEW APPLICATION</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">CHANGE OF OWNER</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">CHANGE OF ADDRESS</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">CHANGE OF BUSINESS NAME</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">HOME OCCUPATION</td> </tr> </table>		<i>Please Check One</i>	<input type="checkbox"/>	NEW APPLICATION	<input type="checkbox"/>	CHANGE OF OWNER	<input type="checkbox"/>	CHANGE OF ADDRESS	<input type="checkbox"/>	CHANGE OF BUSINESS NAME	<input type="checkbox"/>	HOME OCCUPATION
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Building Division _____	Public Works Dept _____													
PLANNING/ZONING _____	TRASH SERVICES _____													
FIRE DEPT. _____	Health Dept. _____													