



INSTRUCTIONS

DEAR BUSINESS OWNER:

We welcome you and want you to know that we appreciate your decision to become a part of our business community. The attached application package contains forms you will need to complete to apply for your Business License. Please hand deliver the completed forms to the Finance & Administrative Services Department to receive your license:

1. **BUSINESS LICENSE APPLICATION FORM** – This form must be reviewed and approved by the **Planning Department**. The Planning Department counter is located at the City Hall and staff is available **7:30 am – 11:30 am & 2:00 pm – 4:30 pm**, Monday – Friday (closed alternate Fridays.)

Please Note: The Business Operations Tax Certificate, also referred to as a Business License, is issued on an annual basis, beginning July 1st, and **expiring June 30th** of each year. New operations commenced after July 1st will be prorated for the balance of the license period **on a quarterly basis**.

2. **STATEMENT OF INTENDED USE (SIU) FORM** – New businesses, relocating businesses, or businesses with an ownership change must complete this form. The Department of Fire-Rescue (Fire-Rescue) will conduct a new business/new location inspection after the business license is issued. Please complete this form using an ink pen. All questions must be answered.
 - a. If you answered “NO” to all the questions on the SIU form, no further Departmental approvals are required.
 - b. If you answered “YES” to any question on the form, please take the SIU form to **Fire-Rescue Headquarters** counter, located at 11300 Greenstone Avenue, for review and approval by the Environmental and the Fire Prevention Divisions. Counter hours are **7:30 a.m. to 10:00 a.m.**, Tuesday through Friday.
 - c. If you have answered “YES” to any **questions numbered 6–12**, (shaded area of the SIU form), please also take this form to the **Building Department** counter at City Hall, **after visiting the Fire-Rescue Headquarters**. This is for them to determine the occupancy group (use) classification of the business location according to the Building Code.

Building Department counter hours are **8:00 a.m. to 11:00 a.m.** Monday – Friday (closed alternate Fridays.) *An appointment with the Plancheck Engineer is recommended (562-868-0511 x7560).*

Please Note: *Should the Building Department determine that the proposed use of the building (business location) is to be different from one of the original permitted uses for the building, then additional permitting will be required for this proposed use prior to the occupancy of the building. This is to ensure that the building is properly equipped and is in compliance with the Building Codes requirements for housing this new use. Common examples of such a “change of occupancy” include a change of use to woodworking shops, cabinet/furniture manufacturing establishments, auto body/auto repair shops and etc.*

- 3. EMERGENCY CONTACT/NOTIFICATION INFORMATION** – In an effort to update business emergency information, please complete the Emergency Contact/Notification Information form. This form is retained at the **Police Services Center** for reference. Copies of the form will be sent to Fire-Rescue Headquarters and the Whittier Police Department for entry into their computer dispatch system.

After all forms are completed and approved by the applicable Departments, please hand-deliver them to the Finance & Administrative Services Department (Cashier’s Counter) at City Hall to receive your Business License.

The Cashier’s Counter hours are **7:30 a.m. to 5:30 p.m.** Monday – Friday (closed alternate Fridays.) All forms of payments are accepted.

Should you have any questions or concerns regarding this process, please call Cecilia A. Martinez at (562) 409-7527.



Finance and Administrative Services

11710 Telegraph Rd.
Santa Fe Springs, CA 90670

562.868.0511 ♦ FAX 562.868.7112 ♦ www.santafesprings.org



BUSINESS LICENSE APPLICATION-Business Operation Tax Certificate

Office Use Only:
Business License #: _____ Date Applied: _____ Received By: _____

This application is a public record pursuant to the California Public Records Act. In the event that the City receives a request for inspection or copying of this record, the City will comply, except that the City will not provide Social Security numbers and/or confidential financial records.

BUSINESS NAME/DBA _____
(Please Print)

CORPORATE NAME _____
(If Applicable)

BUSINESS ADDRESS _____

MAILING ADDRESS _____
(If different from business address)

BUSINESS PHONE _____ ON-SITE CONTACT _____

ADDITIONAL PHONE _____ E-MAIL ADDRESS _____

BUSINESS DESCRIPTION (Describe in detail the activity of the proposed business)
Business Start Date at Address Listed Above: _____

BUSINESS OWNER _____ TITLE _____
(President Name if a Corporation/LLC)

BUSINESS OWNER _____ TITLE _____
(2ND if applicable)

RESIDENCE ADDRESS _____
(P.O. Box/Business Address is not valid-only one owner's information is needed)

OWNERSHIP TYPE [] Corporation [] LLC [] Partnership [] Sole Proprietor/Driver's License # _____
(Check One)

FEDERAL TAX ID# _____ SOCIAL SECURITY # _____

SALES TAX # _____ STANDARD INDUSTRIAL CLASSIFICATION (SIC) # _____
(Sales Tax may apply to your business activities. You may seek written advice regarding the application of tax to your particular Business by contacting the State Board of Equalization)
(North American Industry Classification System (NAICS) # also acceptable Based on the activity of your business) https://www.osha.gov/pls/imis/sicsearch.html

TRASH HAULER* [] Consolidated Disposal Service [] CR & R [] Serv-Wel Disposal Company *Businesses may only contract with one of the following authorized Solid Waste Contractors

The above information is true and correct to the best of my knowledge and belief.

SIGNATURE: _____ TITLE: _____

PRINT NAME: _____ DATE: _____

Before issuance of a Business License, approval must be obtained from the Department of Planning and Development to verify if the proposed use is permitted by the City Zoning Ordinance.

Office Use Only:
Planning and Development Approval by: _____ Date: _____

Zone: _____ Code Section: _____ Notes: _____

FEE SCHEDULE

NEW APPLICANT FEE COMPUTATION

EMPLOYEE COUNT: _____

0-5 Employees \$ 100.00

Plus \$4.00 for every employee over 5 \$ _____

Plus \$2.00 for every employee over 300 \$ _____

Penalty \$ _____

Subtotal \$ _____

Processing Fee \$ 50.00

State Mandated Fee (SB1186)* \$ 1.00
(Non-profit organizations are also subject to this fee)

Statement of Intended Use \$ See form for calculation
(Fire Inspection Fee) Required for all new businesses

*Fees are based on a Fiscal Year July 1 – June 30
Fees are prorated quarterly for new businesses
Fees are based on Employee Count*

GRAND TOTAL DUE \$ _____

Businesses not located in Santa Fe Springs

See Miscellaneous
Application

OFFICE USE ONLY

Business Start Date _____

Fiscal Year _____

Prorating Employee Tax

Oct/Nov/Dec	Jan/Feb/March	April/May/June
<input type="checkbox"/> 75%	<input type="checkbox"/> 50%	<input type="checkbox"/> 25%

Employee Count _____

Employee Tax (Current Year) \$ _____

Previous Year (s) _____
\$ _____
(Specify Year)

_____ \$ _____
(Specify Year)

Penalty _____% \$ _____

Processing Fee \$ _____

State Mandated Fee (SB1186)* \$ 1.00

Other _____ \$ _____
(Specify other)

Subtotal \$ _____

Statement of Intended Use \$ _____

GRAND TOTAL DUE \$ _____

EXISTING BUSINESS WITH CHANGE FEE COMPUTATION

*(Fees for changes apply only if Business License is current)
(If two or more changes are taking place, it is considered a new Business)
-see above calculation*

Change of Ownership \$ 30.00

Change of Address \$ 30.00

Change of Status or DBA \$ 5.00

Statement of Intended Use \$ See form for calculation
*(Fire Inspection)
Required for Change of Ownership or Change of Address*

Change of Ownership *(List previous Business Owner/President)*

Change of Address *(List previous Business Address)*

Change of Status or DBA *(List previous information)*

Business License No. _____
(Previous Owner/Address/DBA)

Expiration Date _____

**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.ceda.ca.gov*



Fire Dept. Approval
Tu-Fri, 7-10 a.m.

11300 Greenstone Avenue • CA • 90670-4619 • (562) 944-9713 • Fax (562) 941-1817 • www.santafesprings.org

DEPARTMENT OF FIRE-RESCUE

STATEMENT OF INTENDED USE

Please see the attached instructions to complete this form

Business Name	SIC #	Date of Occupancy / /
Site Address	Unit #	Telephone ()
The following information is required before a new business inspection can take place. Inspections are performed by the Fire Department. Deviation from this statement may affect your occupancy classification and could require building and/or fire protection upgrades. You must notify the City's Building and Fire Department before making any changes in use/occupancy.		

BUSINESS COMPLETES THIS SECTION

Check the Appropriate Boxes Below		YES	NO	Check the Appropriate Boxes Below		YES	NO
1	Will you be storing or warehousing a product or commodity in an area exceeding 500 sq. ft.? If so, complete items A & B below.			8	Will you be applying flammable and/or combustible finishes through spraying, dipping, powder coating, etc.?		
	a. Rack storage over 12 feet in height?			9	Will you store, use, or handle any type of hazardous material in containers, tanks, cylinders, etc.?		
	b. Foams, plastics, rubber goods, tires, mattresses, flammable liquids, idle pallets over 5 feet in height?			10	Will assemblies in excess of 49 persons take place on your premises? (Conference rooms, lunchrooms, restaurant, etc.)		
2	Will you be cooking food commercially?			11	Will you produce combustible dust? (Wood working, sanding/grinding of any wood material, metal polishing, etc.)		
3	Will you be installing any spray booths or is there an existing spray booth in this building?			12	Will you be repairing any vehicles inside the building?		
4	Will you be using industrial baking or drying ovens?			13	Will you be using and/or installing any type of tank? (Above or below ground, dip, etc.)		
5	Will you be welding or using a gas type cutting device?			14	Will you generate, accumulate, transport, or treat any hazardous waste? (used oil, spent parts cleaner solution, waste anti-freeze, waste ink, waste paint thinner, metal sludge, etc.)		
6	Will you store, use, handle any explosives, blasting agents or radioactive materials?			15	Will you generate and/or discharge any wastewater (non-domestic) to the sewer system?		
7	Will you store, handle, or use compressed gases including propane?			16	Is your 4-digit SIC code listed on the Storm Water Program SIC list?		

Business Description:

The above information is correct and true to the best of my knowledge. Failure to provide correct information may result in fines up to \$2,000 per day of violation and/or imprisonment. The City of Santa Fe Springs is not responsible for any losses resulting from any permitted process.

Fees Due: New Business/New Location Inspection Fees (Check appropriate box below)

Up to 100,000 sq. ft. per floor \$ **215** . Approximate sq. ft. _____. Over 100,000 sq. ft. per floor \$ **420** . Approximate sq. ft. _____.

X			/ /
Signature of Responsible Party	Print Name	Title	Date

FOR BUILDING DEPARTMENT USE

The use of this business is classified as a Group occupancy per the CA Building Code _____ (initial) Date / /

Comments:

- Occupancy group classification is based upon applicant statements made to the Fire Department regarding quantities of chemicals handled.
- Occupancy group classification is based upon the Chemical Classification forms completed by the applicant and reviewed by the Fire Department.
- Existing establishment (possibly non-conforming), no change in the nature of business, change of name/ownership only.
- See the backside of this sheet for conditions of approval (Building Code Requirements).

FOR FIRE DEPARTMENT USE

Permits: <input type="checkbox"/> HMBP <input type="checkbox"/> HWG <input type="checkbox"/> APSA <input type="checkbox"/> CalARP <input type="checkbox"/> UST <input type="checkbox"/> IW <input type="checkbox"/> SW <input type="checkbox"/> CFC	Comments:
Chemicals handled are <u>below</u> the California Fire Code maximum allowable quantities per applicant statements. <input type="checkbox"/> YES <input type="checkbox"/> *NO	
*Chemical Classification forms provided to business representative: / /	FIRE DEPARTMENT REVIEW _____ FPD _____ EPD



Conditions of Sign-off for this Statement of Intended Use (Building Code Requirements)			
<p>The proposed use of this tenant space results in a change of occupancy group classification of the building (or portions occupied) from _____ to _____. I understand and agree that this tenant space may not be occupied until a "Change of Occupancy" permit is issued, and the site is inspected and approved by the City of Santa Fe Springs Building Department.</p>			
<p>I have read the above statement(s), and fully understand all the requirements.</p>			
			/ /
Signature of responsible party	Print name	Title	Date

Storm Water Program

SIC List

Commercial/Industrial facilities with the following list of 4-digit Standard Industrial Classification (SIC) code as defined in the 1987 Standard Industrial Classification Manual may be subject to the City's Storm Water Permitting Program. A determination will be made by the Department of Fire-Rescue's Environmental Protection Division during the Statement of Intended Use form review.

SPECIFIC CODE NUMBERS

CODE NUMBER RANGES

4911

1011 through 1499

4952

2011 through 4581

4953

5013 through 5015

5093

5511 through 5599

5171

7532 through 7539

5193

5261

5812



**CITY OF SANTA FE SPRINGS
DEPARTMENT OF POLICE SERVICES
EMERGENCY CONTACT/NOTIFICATION INFORMATION**

Business Name: _____

Manager/Supervisor: _____

Business Address: _____

Business Phone: () _____ Fax: () _____ Bus. Hours: _____

Emergency Contacts: _____ Hours Employees Normally On-Site: _____

Name	Home Phone #	Cell #/Pager #
_____ ()	_____ ()	_____
_____ ()	_____ ()	_____
_____ ()	_____ ()	_____

Designated Emergency Preparedness Employee:

Name: _____

Home Phone #: () _____ Cell #/Pager #: () _____

On-Site Security Provisions: Yes No (circle one)

Security Company: Name _____ Phone #: () _____

Security

Alarm Company: Name _____ Phone #: () _____

Alarm Account #: _____

Are you interested in receiving information about the
City's Business Emergency Preparedness Network? Yes No (circle one)