



CITY OF NEWPORT BEACH

REVENUE DIVISION

100 CIVIC CENTER DR • P.O. BOX 1768 • NEWPORT BEACH, CA 92658-8915

(949) 644-3141 • RevenueHelp@newportbeachca.gov • http://www.newportbeachca.gov/Revenue

DECLARATION FOR APPORTIONED BUSINESS TAX

OFFICE USE ONLY

BUSINESS NUMBER

LICENSE NUMBER

Businesses with incidental or occasional presence in the City may qualify for an apportioned business tax rate. This declaration must be completed and returned by mail with a check to qualify for an apportioned tax rate. THIS FORM CANNOT BE COMPLETED ONLINE. PLEASE ALLOW 5-7 BUSINESS DAYS FOR PROCESSING.

Business (DBA) Name (Max 30 Characters) [Grid]

Service Address of Business (Public Record) Address is visible to the public and where you consent to receive Service of Process, NOT location where service is being provided. Street address, City, State, Zip Code

Mailing Address (if different than Service Address)

Contact Person Contact Phone

Email Business Type: Sole Prop Partnership LLC Corp

Identification Number – Choose one below & provide number as indicated (Not Public Record):

Driver's License No. & State Federal Tax ID No. (FEIN)

Municipal ID No. & City Social Security No.

Name of Event (if applicable) Date(s) of Event/Start Date

FOR RECREATION DEPARTMENT INSTRUCTORS ONLY:

Owner/Principal Information. If necessary, please attach a list of additional principals.

Name Drivers License No.

Residence Address Unit No.

City State Zip Phone

Check the appropriate box below to indicate your activity. Note that any inaccurate information provided may subject your business to pay the full annual license. *Amount includes \$4.00 State Mandate Fee

Table with 3 columns: Activity description, Date of Event, and Fee amount.

I declare under penalty of perjury that the foregoing is true and correct of my own knowledge and that I am authorized to make this statement. My business conduct in the City of Newport Beach does not exceed the category indicated above and I will immediately notify the Revenue Division should it change. I understand that failure to inform the Revenue Division of such change may result in the imposition of additional taxes, penalties, and/or criminal prosecution.

Applicant's Signature

Applicant's Name (Printed)

STATE FEE

AB 1379 adds a mandated state fee of \$4 on any applicant for a business license or renewal to comply with federal and state disability laws. 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 Architects at www.dgs.ca.gov/dsa
The California commission on Disability Access at www.dgs.ca.gov/ccda

The Department of Rehabilitation at www.dor.ca.gov/

GENDER DISCRIMINATION NOTIFICATION-AB 1607

California Civil Code §51.6 prohibits businesses from engaging in gender-based discrimination. A full notice of the business's legal obligations is available in English and other languages at <https://www.dca.ca.gov/publications/> or by request from our office.

STATE WATERBOARD

If you do not know if your business is regulated by NPDES or you require further information, please visit the below links:

- **List of Regulated SIC Codes:**
https://www.waterboards.ca.gov/water_issues/programs/stormwater/sicnum.html
- **SB205 Flier:**
https://www.waterboards.ca.gov/water_issues/programs/stormwater/sicnum.html
- **Stormwater Industrial FAQ**
https://www.waterboards.ca.gov/water_issues/programs/stormwater/indusfaq.html
- **Stormwater Programs**
https://www.waterboards.ca.gov/water_issues/programs/stormwater/industrial.html
- **Industrial General Permits Types of Coverage**
https://www.waterboards.ca.gov/water_issues/programs/stormwater/docs/industrial/types_of_coverages.pdf