



TAFT SMALL BUSINESS ASSISTANCE CENTER

IMPORTANT INFORMATION FOR EXISTING AND PROSPECTIVE BUSINESSES

*This is a quick informational reference to many of local, state and federal agencies that you may need to contact before you “open your doors for business”. Some specialized licenses/permits may be required for your business, particularly if you will be engaged in activities such as food service, hazardous materials, health care, day care and others that are especially sensitive to regulations. **Note: Your business may or may not require the following, this is information to assist you in what applies to your type of business.***

1. All parties doing business in the City of Taft are required to obtain a **Business License** from the City Finance Department, 661-763-1350 ext 21 or ext 33, located at 209 East Kern Street, Taft.
2. Make certain that you comply with **Taft Zoning Codes**, including home-based business requirements. Contact the City Planning Department, 661-763-3144 ext. 15, located at 209 East Kern Street, Taft.
3. If there is to be **any** construction done, including remodeling, to your leased or owned facility, call the City Building Department to obtain **Building Permit Requirements**, 661-765-4136 ext. 11, located at 209 East Kern Street, Taft.
4. If you make up a name for your business, a **Fictitious Business Name Statement** must be recorded with the County Clerk. Banks generally require a copy of this statement prior to setting up your business checking account. For information, contact the County Clerk’s Office at 661-868-3588.
5. Contact the Internal Revenue Service at 800-829-1040 for a **Form SS-4, Tax/Employer ID Number**. The IRS can provide withholding schedules and holds small business tax workshops free of charge. You can also access this information online at www.irs.gov.com.
6. Upon hiring employees, you need to obtain a **California State ID** number from the Employment Tax District office of the EDD, at 661-395-2896.
7. If you have employees, you are required to have **Worker’s Compensation Insurance** Contact your own insurance broker or the California State Compensation Insurance Fund at 661-664-4000.
8. Businesses with one or more employees must have **Injury and Illness Prevention Program**. Contact the California Department of Industrial Relations, Cal/OSHA, 661-395-2718.
9. The State of California Consumer Affairs Department regulates many business types. Call 916-445-1254 to see if this applies to your business.
10. Retailers and wholesalers must register with the **CA State Board of Equalization**, 661-395-2880.
11. Be certain that your business facility, whether owned or leased, complies with all provisions of the **Americans with Disabilities Act (ADA)**, administered by the US Equal Employment Commission. For more information, call 800-669-3362.
12. Additional numbers for utilities, **West Kern Water District**, 661-763-3151, **PGE** 800-743-5000, **Bright House Cable** 800-734-4615, **Sewer and Refuse** City of Taft, 661-763-1350 ext. 21.

*If you are starting up a business, you may want the assistance of a lawyer, accountant and insurance broker. The use of these services early in the start-up of your business may save you time, money and grief. If you need assistance in finding one of these professionals in Taft, the City can help you. We also encourage you to join the Taft District Chamber of Commerce and the Westside Business Association. The City can also set-up, at no cost to you, counseling from the Weill Institute SBDC. **Please Note: Before a City Business License can be issued, the building must be inspected and signed off by the City Building Department, City Planning Department, Kern County Fire Department, City Public Works Department, and the City Police Department.***



209 E Kern St., Taft CA 93268-3292 Attn: Bus. License Coordinator • (661) 763-3144 EXT. 33 or 21

BUSINESS LICENSE TAX APPLICATION

APPLICATION MUST BE FILLED OUT COMPLETELY AND SIGNED BEFORE LICENSE CAN BE ISSUED • PLEASE ALLOW 7-10 DAYS TO PROCESS THIS APPLICATION

Business Name _____ Bus. Phone () _____
 Business Location _____ Bus FAX () _____
(Cannot be P.O. Box per State of California, Business & Professions Code Section 17538.5)

Mailing Address _____ Start Date _____
 _____ Rate Type _____

DESCRIPTION OF BUSINESS _____ SIC CODE _____

OWNERSHIP: Corporation Corp-Ltd. Liability Partnership Sole Proprietor Limited Partnership Trust

State Lic. No. _____ Lic. Type _____ Expiration Date _____
 Resale No. _____ FEIN No. _____ SEIN No. _____

Enter below names of Owners, Partners, or Corporate Officers

Owner Name _____ Title _____ Soc. Sec. No. _____
 Home Address _____ Phone () _____
 _____ Cell Phone () _____
(Cannot be P.O. Box) Drivers Lic. No. _____

Owner Name _____ Title _____ Soc. Sec. No. _____
 Home Address _____ Phone () _____
 _____ Cell Phone () _____
(Cannot be P.O. Box) Drivers Lic. No. _____

Additional Information

No. of Employees _____ No. of Rooms _____ Occupancy Limit _____ No. of Coin Operated Machine(s) _____
 No. of Units (Apartment or Hotel/Motel only) _____ No. of Deliveries per Week (Wholesalers) _____

In case of emergency, please contact:

Name: _____ Phone () _____
 Address _____

Do you own or lease property? If Yes, please enter property owner's name, address, and phone number.

Name _____ Phone () _____
 Address _____

This license period is for the twelve months ending:

PLEASE CALCULATE AMOUNT DUE FROM SCHEDULE ON BACK OF THIS FORM BASED ON ESTIMATED GROSS RECEIPTS. ENTER TAX IN BOX BELOW AND SIGN.

Enter Estimated Gross Receipts: \$

Non-Refundable Review Fee
one-time only

Estimated Gross Receipts are based on months:

Business License Tax

\$ to \$

TOTAL TAX DUE

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 writing to the nearest State Board of Equalization office. For general information, please call the Board of Equalization at 1-800-400-7115.

PAYMENT OF A BUSINESS LICENSE TAX DOES NOT RELIEVE THE APPLICANT (BUSINESS) OF THE REQUIREMENT TO COMPLY WITH OTHER REGULATIONS OF THE CITY, COUNTY, STATE, OR FEDERAL GOVERNMENT. I DECLARE, UNDER PENALTY OF PERJURY, THAT TO THE BEST OF MY KNOWLEDGE THE INFORMATION CONTAINED ABOVE IS TRUE AND CORRECT.

Date: _____ Signature of Owner/Representative: _____

RETURN APPLICATION TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO CITY OF TAFT



Emergency Contact Information For Taft Police Department

Business Name: _____ Phone: _____

Address: _____

Mailing Address (if different) _____

Has there been a change in the business name: Yes No

If yes, previous name: _____

List contacts with keys and who will respond to the business in case of an emergency (contacts will be contacted in the order listed):

Contact #1

Name: _____ Phone: _____

Address: _____

Additional Phone #'s _____

Connection to the business: _____

Contact #2

Name: _____ Phone: _____

Address: _____

Additional Phone #'s _____

Connection to the business: _____

Contact #3

Name: _____ Phone: _____

Address: _____

Additional Phone #'s _____

Connection to the business: _____

Does the business have an alarm? Yes No Type of Alarm: _____

Alarm Company: _____ Phone: _____

List any information which could be helpful to responding officers)ex: weapons on property, guard dogs, gate codes, etc.) _____



Where the average monthly gross receipts and sales are:

	At least	But Less Than	JAN thru DEC	APRIL thru DEC	JULY thru DEC	OCT thru DEC
A	\$ -0-	\$ 2,000	\$ 20.00	\$ 15.00	\$ 10.00	\$ 5.00
B	2 ,001	4,000	40.00	30.00	20.00	10.00
C	4,001	6,000	60.00	45.00	30.00	15.00
D	6,001	10,000	80.00	60.00	40.00	20.00
E	10,001	14,000	100.00	75.00	50.00	25.00
F	14,001	20,000	120.00	90.00	60.00	30.00
G	20,001	30,000	140.00	105.00	70.00	35.00
H	30,001	50,000	160.00	120.00	80.00	40.00
I	50,001	\$ over	180.00	135.00	90.00	45.00

ALL BUSINESS LICENSES EXPIRE DECEMBER 31 OF EACH YEAR.
License must be renewed within 15 days of expiration date.

SALES AND SERVICE	
Auction House	Ice Plant
Automotive Sales & Service	Service Station
Airplane Renting, Sales or Service	Restaurant and/or Dining Rm. Coffee Shop
Barbershop	Lunch Room, Stand or Lunch Counter
Beautyshop	Pharmacy
Blacksmith	Plumber
Confectionery Wagons	Printing and Publishing
Equipment Lease or Rental	Soda Fountain
Garage	Bar and/or Cocktail Lounge
Gymnasium	Cleaning and/or Dyeing
Itinerant Photographer	Laundry
Private Detective	Photographer and/or Photographic Studio
Retail or Wholesale Merchant	
Travel Bureau/Ticket Agency	Television Cable Relay Systems
Painter	Pay or Subscription Television
Machine Shop	Warehouse
Welder	Stockyard
Carpenter	Shoe Repairing
Foundry	
Manufacturer	

or the rendering of any service whatsoever

CONTRACTORS-BUILDERS					
	Class	Fee		Class.	Fee
General Engineering Contractor	A	\$100.00	Masonry	C29	\$20.00
General Building Contractor	B1	\$ 50.00	Ornamental Metals	C23	\$20.00
Boilers, Hot Water Heating, Steam Fitting	C4	\$ 20.00	Painting, Decorating	C33	\$25.00
Cabinet and Mill Work	C6	\$ 20.00	Parking & Highway Improvements	C32	\$20.00
Cement and Concrete	C8	\$ 50.00	Pipeline	C34	\$20.00
Drywall	C9	\$ 20.00	Plastering	C35	\$50.00
Electrical (General)	C10	\$ 20.00	Plumbing	C36	\$50.00
Electrical Signs	C45	\$ 20.00	Refrigeration	C38	\$20.00
Elevator Installation	C11	\$ 20.00	Roofing	C39	\$20.00
Excavating, Grading, Trenching, Paving, Surfacing	C12	\$ 20.00	Sewer, Sewage Disposal, Drains, Cement Pipe Laying	C42	\$20.00
Fencing	C13	\$ 20.00	Sheet Metal	C43	\$20.00
Fire Protection Engineering	C16	\$ 20.00	Solar	C46	\$20.00
Flooring	C15	\$ 20.00	Steel Reinforcing	C50	\$20.00
Glazing	C17	\$ 20.00	Steel Structural	C51	\$20.00
Heating and Air Conditioning	C20	\$ 20.00	Structural Pest Control	C22	\$20.00
House and Building Moving	C21	\$ 40.00	Swimming Pool	C53	\$20.00
Insulation	C2	\$ 20.00	Tile (Ceramic or Mosaic)	C54	\$20.00
Landscaping	C27	\$ 20.00	Water Conditioning	C55	\$20.00
Lathing	C26	\$ 20.00	Welding	C60	\$20.00
Manufactured Housing	C47	\$ 20.00	Well Drilling	C57	\$20.00
Classified Specialist	C61	\$20.00	all other classifications	\$20.00 per year	

•FOR ITEMS NOT SHOWN ON THIS SUMMARY SCHEDULE – PLEASE REFER TO TAFT CITY CODE BOOK•

LICENSE TAX/FEE SUMMARY SCHEDULE

FLAT RATE BUSINESSES	
Apartments or Courts	\$ 20.00 per year up to 4 units (ea. additional unit \$2 per year)
Arts and Crafts Fairs	\$ 25.00 per event 05-10 participants
	\$ 50.00 per event 11-24 participants
	\$ 75.00 per event 25-50 participants
	\$100.00 per event over 50 participants
Auto Wrecking	\$100.00 per year
Automobile Storage or Parking Lots	\$ 24.00
Billboard or Advertising Sign Business	\$ 40.00
Card Tables	\$1500.00 per year up to 5 tables + \$375.00 ea. table in excess of 5 tables.
Cleaners, Laundries	\$ 60.00 per year for each vehicle
Coin Operated Machines	\$ 10.00 per machine on site-maximum of \$180.00 per year
Collection Agency	\$ 20.00 per year
Dance Academy	\$ 20.00 per year
Hotels, Motels, Lodging Houses	\$20.00 per year less than 20 rooms-\$40.00 20-34 rooms-\$60.00 35-49 rooms-\$80.00 50-74 rooms-\$100.00 75 rooms or more
Importing Merchandise (Wholesale)	\$ 30.00 per year less than 2 deliveries/week \$40 2-3 deliveries/week - \$50.00 4 or more deliveries/week
Importing Merchandise (Retail)	\$ 50.00 per year for each vehicle
Itinerant Vendor	\$ 40.00 per year
Peddler, Salesman, Solicitor	\$ 20.00 per quarter
Laundromats (less than 19 machines)	\$ 10.00 per machine per year – max. \$180
Palmist, Fortune Teller, Clairvoyant	\$500.00 per year
Rental Cars, Automobiles For Hire, Stages	\$ 20.00 per year for each vehicle
Secondhand Dealer or Secondhand Furniture Dealer	\$ 40.00 per year
Theater/Playhouse/Motion Picture	\$100.00 per year
Carnival/Traveling Show	\$500.00 for seven (7) days or less
Circus	\$250.00 for two (2) performances
Exhibition (vehicle)	\$ 10.00 per day for each exhibit in, or upon vehicle
Open Air Theaters, Tents	\$ 25.00 first day + 7.50 per day for each additional day
Solicitor, Salesman, Service Repairman or Canvasser	\$ 10.00 registration fee per solicitor + tax on gross receipts
Taxicab	\$ 40.00 per year for each vehicle
Trading Stamp Company	\$100.00 per year
Trucking, Hauling	\$ 20.00 per year 8,000 lbs. and under
Wireless television Transmission	5% of gross revenues generated

PROFESSIONALS - \$40.00 Per Year

Accountant, Certified Public	Physiotherapist
Agent, Real Estate, All Others	Psychologist
Anesthetist	Surveyors (licensed land)
Architect	Veterinarian
Bookkeeping and Accounting	Oculist, Optician, Optometrists
Broker, Real Estate, Insurance	Physician, Surgeon, Psychiatrist
Chemist	Mortgage Companies
Chiropracist	Medical Lab or Technician
Chiropractor	
Dental Lab (technician)	
Designer, Structural or Building	
Draftsman	
Engineer	
Geologist	

HOW ARE WE DOING?

The City of Taft is committed to providing the best service possible to its citizens. Whether you were inquiring about a business license, dog license, building permit, employment application, or the condition of city streets we want to make sure you receive accurate, timely, and courteous assistance. To assist us in providing you with excellent service, please take a few moments to complete the following questionnaire.

What was the purpose of your visit to City Hall? _____

Name of staff member that helped you: _____

How long did you wait to be served?

- Less than 5 minutes 5-10 minutes 10-15 minutes
 More than 15 minutes

Department (s) that Served You?

- | | |
|--|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Planning/Building |
| <input type="checkbox"/> City Clerk | <input type="checkbox"/> Building Permit/Inspection |
| <input type="checkbox"/> City Manager | <input type="checkbox"/> Code Enforcement |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Planning/Zoning Service |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Public Works/Maintenance |
| <input type="checkbox"/> Utility Billing | <input type="checkbox"/> Street Maintenance |
| <input type="checkbox"/> Business License | <input type="checkbox"/> Park Maintenance |
| <input type="checkbox"/> Accounts payable/Receivable | <input type="checkbox"/> Special Projects |
| <input type="checkbox"/> Housing Rehabilitation/
Small Business Loans | <input type="checkbox"/> Other: _____ |

How Would You Rate the Following?

	Excellent	Good	Fair	Needs Improvement
Courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promptness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments/Suggestions: _____

Thank you for taking the time to help us provide better service.

Dennis L. Thompson, MPA EFO
Fire Chief & Director of Emergency Services

Chief Deputy
Robert Klinoff

Emergency Services Manager
Georgianna Armstrong

Deputy Chiefs
Phil Castle
Nick Dunn
Michael W. Cody
Brian S. Marshall



September 12, 2008

To Taft City Applicants,

The Kern County Fire Department has an inspection fee of \$90.00 for all inspections, including those inspections targeting new businesses and changes of ownership. Prior to Taft City releasing a business license, a fire life and safety inspection is required. This inspection cannot be scheduled or performed until the fee has been received by Kern County Fire Department Fire Prevention Unit. Thank you for your cooperation in this process.

For questions concerning the fire inspection fee, please contact the Fire Prevention Unit at 661-391-7080.

Sincerely,

A handwritten signature in cursive script that reads "David B. Goodell".

David B. Goodell
Fire Marshal

REFUSE SERVICE AGREEMENT

This AGREEMENT is made and entered into by and between the City of Taft, a municipal corporation, hereinafter referred to as "CITY" and _____ a _____ hereinafter referred to as "CUSTOMER" both of whom, agree as follows:

WHEREAS CUSTOMER occupies that certain property within the corporate limit of CITY identified as Kern County Assessor's Parcel No. _____, the address of which is _____, Taft, California 93268; and

WHEREAS CUSTOMER wishes to procure refuse disposal service to the said premises as required by Section 3-3-3 (B) Taft Municipal code which requires that all residential, commercial and industrial structures within the city receive such service and pay fees established by CITY for such service; and

WHEREAS CITY is willing and able to provide refuse disposal service to the premises described herein:

NOW, THEREFORE, the parties hereto hereby agree as follows:

1. CITY agrees to provide refuse disposal service to the premises described herein.
2. CUSTOMER understands that refuse disposal service is a user fee supported utility service and agrees to pay the fee charged by CITY pursuant to applicable provisions of the Taft Municipal code for such service.
3. CUSTOMER understands that refuse disposal fees are billed bi-monthly on a prospective basis and that fees are due and payable upon date of billing.
4. CUSTOMER further understands that penalty fees and interest accrue to unpaid refuse disposal fees pursuant to Section 5473.10, California Health and Safety Code and in accordance with applicable provisions of the Taft Municipal code and applicable policies and procedures of CITY.
5. Should CUSTOMER fail to pay refuse disposal fees when due, CUSTOMER understands that CITY will take all lawful action including use of a collection agency and/or legal action to collect unpaid refuse disposal fees.
6. Should CITY be required to employ the service of a collection agency or similar service to collect unpaid refuse disposal fees, CITY shall be entitled to recover reasonable cost associated with collection of the outstanding debt in addition to the amount owed including unpaid refuse disposal fees, penalty and interest.
7. If any legal action is necessary to enforce the terms of this Agreement, the prevailing party shall be entitled to reasonable attorney's fees in addition to any other relief to which that party may be entitled.
8. By signing this Agreement, CUSTOMER acknowledges receipt of information explaining CITY's refuse disposal fee and fee collection policies.

Dated this _____ day of _____, 20____ at Taft, Kern County, California.

CITY OF TAFT

CUSTOMER:

Name (Print)

Name (Print)

Signature

Signature

SEWER SERVICE AGREEMENT

This AGREEMENT is made and entered into by and between the City of Taft, a municipal corporation, hereinafter referred to as "CITY" and _____ a _____ hereinafter referred to as "CUSTOMER" both of whom, agree as follows:

WHEREAS CUSTOMER occupies that certain property within the corporate limit of CITY identified as Kern County Assessor's Parcel No. _____, the address of which is _____, Taft, California 93268; and

WHEREAS CUSTOMER wishes to procure sanitary sewer service to the said premises as required by Section 3-3-3 (B) Taft Municipal code which requires that all residential, commercial and industrial structures within the city be connected to the sanitary sewer system when sanitary sewer mains are within 300 feet of the building; and

WHEREAS CITY is willing and able to provide sanitary sewer service to the premises described herein:

NOW, THEREFORE, the parties hereto hereby agree as follows:

1. CITY agrees to provide sanitary sewer service to the premises described herein.
2. CUSTOMER understands that sanitary sewer service is a user fee supported utility service and agrees to pay the fee charged by CITY pursuant to applicable provisions of the Taft Municipal code for such service.
3. CUSTOMER understands that sewer service fees are billed bi-monthly on a prospective basis and that fees are due and payable upon date of billing.
4. CUSTOMER further understands that penalty fees and interest accrue to unpaid sewer service fees pursuant to Section 5473.10, California Health and Safety Code and in accordance with applicable provisions of the Taft Municipal code and applicable policies and procedures of CITY.
5. Should CUSTOMER fail to pay sewer service fees when due, CUSTOMER understands that CITY will take all lawful action including use of a collection agency and/or legal action to collect unpaid sewer service fees.
6. Should CITY be required to employ the service of a collection agency or similar service to collect unpaid sewer service fees, CITY shall be entitled to recover reasonable cost associated with collection of the outstanding debt in addition to the amount owed including unpaid sewer service fees, penalty and interest.
7. If any legal action is necessary to enforce the terms of this Agreement, the prevailing party shall be entitled to reasonable attorney's fees in addition to any other relief to which that party may be entitled.
8. By signing this Agreement, CUSTOMER acknowledges receipt of information explaining CITY's sewer service fee and fee collection policies.

Dated this _____ day of _____, 20____ at Taft, Kern County, California.

CITY OF TAFT

CUSTOMER:

Name (Print)

Name (Print)

Signature

Signature



Planning Department
209 E. Kern Street
Taft, California 93268
(661) 763-1222 Ext. 15

APPLICATION FOR SIGN PERMIT

OFFICE USE ONLY

Application No: _____ Date Received: _____
Receipt No: _____ Fee Paid: \$ _____ Received by: _____

Application Information

Applicant's Name: _____
Telephone Number: _____
Cell Number: _____
Mailing Address: _____

Business Information

Name: _____
Telephone Number: _____
Cell Number: _____
Mailing Address: _____

Sign Description (check all that apply):

- | | | | |
|-----------------|--------------------------|-----------------|--------------------------|
| Free Standing | <input type="checkbox"/> | Pole | <input type="checkbox"/> |
| Wall | <input type="checkbox"/> | Changeable Copy | <input type="checkbox"/> |
| Ground/Monument | <input type="checkbox"/> | Double-faced | <input type="checkbox"/> |
| Painted on Wall | <input type="checkbox"/> | Marquee | <input type="checkbox"/> |
| Illuminated | <input type="checkbox"/> | Under Marquee | <input type="checkbox"/> |
- Other (Describe): _____

Text of Sign: _____

Valuation of Sign: \$ _____

Submit **two copies** of the following drawings and details:

- Site plan showing all existing and proposed signs on property.
- Wall Elevations with dimensions and sign locations.
- Drawing(s) depicting height, width, and depth of proposed sign(s). Include details showing how sign is attached to wall or ground.
- Drawing(s) of proposed sign showing text, logos, colors, etc, with dimensions.
- Electrical and Structural Engineering details.

All the above information is true to the best of my knowledge.

Applicant's Signature: _____ Date: _____

Owner's Signature: _____ Date: _____

Processing: Upon submittal of a complete application, staff will process in accordance with City Ordinance. Applicant is required to obtain approved sign permit prior to installation of sign(s).

