



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

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



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

Fee \$40.00

APPLICATION FOR SPECIAL EVENTS PERMIT

Application No: _____ Date Received: _____ Fee Paid \$ 40.00

Receipt No: _____ Received by: _____

In order to expedite processing of this Special Event Permit Application, and to eliminate unnecessary delays to the applicant, Planning Staff will not accept this application unless all items have been checked off and this application form has been signed and dated. In addition, all information is to be submitted in a neat and legible format and all drawings are to be drawn to scale. In the event errors or omissions are discovered, the application will be deemed incomplete and will be returned to the applicant for revision.

APPLICATION IS HEREBY MADE TO THE PLANNING DEPARTMENT THAT:

Property Owner (attach sheet if more than one property owner)

Name: _____ Phone No.: _____

Address: _____ Cell No.: _____

City: _____ State: _____ Zip: _____

Applicant (attach sheet if more than one applicant)

Name: _____ Phone No.: _____

Address: _____ Cell No.: _____

City: _____ State: _____ Zip: _____

BE GRANTED A SPECIAL EVENT PERMIT TO: _____

Property location or address: _____

Assessor's Parcel Number(s): _____

Legal Description of property(s): _____

General Plan Land Use Designation: _____

Zoning of the Subject Property: _____

NOTE TO APPLICANT: Please check each of the following items when completed and made a part of this application.

- Property Owner's signed authorization
- A site plan indicating the following: location and boundaries of the property, dimensions of all lot lines, names and location of all bordering streets and alleys, size and dimensions of all on-site buildings (existing and proposed), design and layout of vehicular access, on-site parking and loading areas, location of trash bins, location of all free standing signs (existing and proposed), location of all walls or fences, direction of existing and proposed drainage, scale, north arrow and date.
- Depict all on-site signs (existing and proposed); including size, height, material, color and lighting.
- Building Permits (for Circuses/Carnivals).
- Business Licenses (for Circuses/Carnivals).

CITY STAFF REVIEW OF EACH SPECIAL EVENT PERMIT APPLICATION WILL INVOLVE CONSIDERATION OF THE FOLLOWING FACTORS:

1. Compliance with all applicable requirements of the City's General Plan, Zoning Ordinance and Development Standards.
2. Compliance with the California Environmental Quality Act.

The Planning Commission will consider all aspects of the Special Event Permit. The ruling of the Planning Commission for a Special Event Permit will be final unless it is appealed within 10 days to the City Council; the ruling of the City Council will be final.

APPLICANT'S SIGNATURE AND DATE INDICATES COMPLETION AND INCORPORATION OF THE ABOVE MENTIONED ITEMS INTO THIS SPECIAL EVENTS PERMIT APPLICATION.

I certify that I am the record owner or authorized agent and that the information filed is true and correct to the best of my knowledge.

Applicant's Signature

Date

Owner's Signature

Date

Is this event a fund raiser: Yes No

Name of Non-profit: _____

Contact name: _____ Phone No.: _____

Applicant's Signature

Date

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



Christmas Tree Lots



Permits are required for the sale of Christmas trees. An inspection will be conducted to review the following:

- A Minimum of one 2A:10B:C fire extinguisher for every 50 feet of travel within tree lot.
- Maintain a minimum clearance of ten feet (10') between trees and any building or structures. Trees may not be stored or displayed beneath any overhanging portion of a building.
- Maintain a minimum aisle clearance of forty four inches (44") between rows of trees and thirty five inches (35") between rows of trees and fences.
- Provide fire department access to all portions of the lot or buildings on the lot that are greater than one hundred and fifty feet (150") from the access roads. Required fire lanes must be a minimum of twenty feet (20") wide.
- Access gates to tree lots must remain open at all times during business hours.
- All electrical installations (lighting, etc) must meet codes.

KERN COUNTY FIRE DEPARTMENT 5642 Victor Street Bakersfield, CA 93308
Telephone 661-391-7000 Fax 661-399-2915 TTY Relay 800-735-2929 www.kerncountyfire.org

Proudly Serving All Unincorporated Areas of Kern County and the Cities of Arvin, Bakersfield, Delano, Maricopa, McFarland, Ridgecrest, Shafter, Taft, Tehachapi and Wasco

