

**CITY OF TAFT
APPLICANT CHECKLIST
MESSAGE PRACTITIONER/TECHNICIAN, MESSAGE ESTABLISHMENT**

An incomplete or illegible application will not be accepted. Please follow instructions carefully and complete the entire application legibly with an ink pen or typed written. Applicants must also possess all the required documents and satisfactory evidence of personal identification.

Once you have obtained an application packet from the City's Finance Department, carefully read all the information and complete the entire application. The application packet contains a copy of Municipal Code Section VI relating to Massage Therapy. Please read the ordinance carefully, as you will be asked to sign acknowledging you received and read the information.

Do not return your application to the Finance Department. Completed applications are to be submitted in person to the Taft Police Department, 330 Commerce Way, Taft, California 93268

The Police Department will accept applications Monday through Friday 8:00 am to 4:00 pm, by appointment only. ***You may schedule an appointment by calling (661) 763-3101.***

When you appear for your scheduled appointment, please bring the following ***original documents***. Copies will not be accepted. The Police Department will make copies and give back your originals.

Valid California driver's license or California I.D. card.

Valid Social Security Card

A diagram drawn to scale, of the establishment (if applying for establishment permit).

Original diploma, certificate, certified transcripts or other certified written proof showing completed courses as required by the ordinance. The documents must state the number of training hours completed.

Be sure to bring your *completed* application and all the required documents to your scheduled appointment. ***If an applicant does not meet all criteria required by the ordinance, the application will not be accepted.*** You should also come prepared to pay the appropriate fees.

\$100.00 For Fingerprinting and background investigation. (One time fee only)

\$ 40.00 Business License fee (to be paid at City Hall)

\$ 35.00 Review Fee (to be paid at City Hall)

Aliases, or other names used by the applicant:

Dates Used

NAME

FROM

TO

Prior Residence Addresses and Dates for the past three years:

The business, occupation or employment of the applicant for the past 3 years with dates and addresses:

MESSAGE OR SIMILAR BUSINESS OR EMPLOYMENT HISTORY: Have you previously been employed in a massage establishment or school of massage in this or any other city or state:

Yes _____ No _____ If yes, complete the following:

BUSINESS/OCCUPATION

ADDRESS

PHONE

FROM

TO

Have you ever had a license or permit suspended or revoked for such business or employment?

Yes _____ No _____ If yes, When: _____

If yes checked above, specify which business or employment and give the reason for said revocation of suspension.

WAIVER FOR RELEASE OF INFORMATION

I hereby give permission to the agency to which this application is made to conduct a background investigation of me and to contact any person or agency who may add to or aid in this investigation. I further authorize persons, firms, agencies and institutions listed on this application to release or confirm information about me and statements I have made as contained in this application.

Notwithstanding any other provision of law and pursuant to the Public Records Act (Government Code Section 6250 et seq.), I understand that information contained in this application may be a matter of public record and shall be made available upon request or court order.

I hereby certify under penalties of perjury that the answers I have given are true and correct to the best of my knowledge and belief, and that I understand and agree to the provisions, conditions and restrictions, herein or otherwise imposed.

Applicant Signature

Date

Witness Signature/Badge Number

Date



209 E Kern St., Taft CA 93268-3292 Attn: Bus. License Coordinator • (661) 763-3144 EXT. 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 () _____
(Cannont 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: \$ <input type="text"/>	Non-Refundable Review Fee <small>one-time only</small>	\$ <input type="text" value="35.00"/>
Estimated Gross Receipts are based on months: \$ <input type="text"/> to \$ <input type="text"/>	Business License Tax	\$ <input type="text"/>
	TOTAL TAX DUE	\$ <input type="text"/>

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



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 TAF 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?

- Administration
 City Clerk Personnel
 City Manager
- Community Development/Planning
 GIS & Development Services Planning/Zoning
 Housing Rehabilitation Redevelopment
- Finance
 Accounts Payable/Receivable
 Business License Utility Billing
 Solid Waste Disposal
- Public Works/Maintenance
 Building Permit/Inspection Street Maintenance
 Park Maintenance Wastewater
 Special Projects
- Police
 Administrative Chief Community Correctional Facility Peace Officer
 Animal Shelter Code Enforcement Dispatch
- Transit
 Administrative Driver
 Dispatch
- Other / Don't Know

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