



City of Poway  
**Business Certificate Application**  
 13325 Civic Center Drive - Poway, CA 92064  
 P.O. Box 789 - Poway, CA 92074-0789  
 858-668-4401

*Fees are non-refundable.  
 A current Master Fee Schedule is  
 available on the City's website.  
 www.poway.org/business  
 New - \$119.00 Renewal - \$24.00*

**This application is for:**  New Business  Renewal  Change of Ownership  Change of Address  Change Type of Business

Business Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Mailing Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Business Type  Retail  Wholesale  Service  Contractor  Manufacturing  Research&Develop  Other: \_\_\_\_\_

Description of Business \_\_\_\_\_

Ownership  Cooperative  Corporation  Limited Partnership  LLC  Nonprofit Corp.  Partnership  Sole Proprietorship  
 Intended Date of Opening \_\_\_\_\_

Contractors License # \_\_\_\_\_ Resale ID # \_\_\_\_\_

Federal ID # \_\_\_\_\_ State ID # \_\_\_\_\_

**Enter below names of Owners, Partners, or Corporate Officers - Use additional sheets as necessary**

Owner Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_  
LAST FIRST MIDDLE

Home Address \_\_\_\_\_ Email \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Owner Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_  
LAST FIRST MIDDLE

Home Address \_\_\_\_\_ Email \_\_\_\_\_  
STREET CITY STATE ZIP CODE

**Claim Exemption** Are you, your spouse or domestic partner Active-Duty Military or Honorably Discharged or Relieved Veteran?  YES  NO

If yes, by signing below you are certifying that you meet the requirements for exemption of fees and will show proof of such by military identification, DD Form 214, or honorable discharge or relief document.

**Business Information**

Number of Employees \_\_\_\_\_ Total Sq. Feet \_\_\_\_\_

Exterior Storage  YES  NO If Yes, Explain \_\_\_\_\_

Hazardous Materials  YES  NO If Yes, Explain \_\_\_\_\_

Subleasing  YES  NO Sub Leasing Business Certificate # \_\_\_\_\_

If selling food or beverage, list Health Department Permit # \_\_\_\_\_

**In case of emergency, please contact**

Emergency Contact \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

I understand that the information provided on this application is considered Public Record, with the exception of the State Board of Equalization Resale License Number. The information contained herein is true and correct to the best of my knowledge and belief.

Date \_\_\_\_\_ Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Exemption verified by: \_\_\_\_\_