



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

**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 \_\_\_\_\_



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Business Certificate #: BC - \_\_\_\_\_

**Supplemental Industrial General Permit Subjectivity Form**

**\*THE INFORMATION BELOW MUST BE COMPLETED FOR YOUR BUSINESS CERTIFICATE TO BE PROCESSED\***

**Background**

The City of Poway's (City) business certificate application has been updated in accordance with California Senate Bill No. 205. The primary Standard Industrial Classification (SIC) code, identifying the primary activity of your business, must now be provided with all business certificate applications and renewals, and your subjectivity to the State's Industrial General Permit (IGP) must be evaluated as part of this process. Please follow the steps outlined in the guidance document and complete the information below. Your business certificate application/renewal will be processed once this form has been received.

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

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

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

Section A:

- Physical business is located in the City of Poway. *If checked, fill out Sections B and C below.*
- Physical business **is not** located in the City of Poway. *If checked, DO NOT fill out the Sections B and C below.*

Section B:

Four-Digit Primary SIC Code \_\_\_\_ \_ (optional) SIC CODE 2 \_\_\_\_ \_ (optional) SIC CODE 3 \_\_\_\_ \_ (optional)

Section C: Industrial General Permit (IGP) Subjectivity. I have reviewed attachment A of the IGP and have determined the following:

- My business is not conducting any of the activities described in Attachment A of the Industrial General Permit and is therefore not required to obtain permit coverage.
- My business is subject to the Industrial General Permit. I am providing one of the following as verification of my status:  
 Stormwater Permit Identification Number (WDID/NEC/NONA): 937  
**OR** WDID Application Identification Number (IGP application has been submitted but has not yet been processed): \_\_\_\_\_

*I understand that the information provided on this application is considered Public Record. I have examined this full application, including accompanying documents and the information contained herein is true and correct to the best of my knowledge and belief.*

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