

**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    Intended Date  
 Nonprofit Corp.     Partnership     Sole Proprietorship    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 \_\_\_\_\_



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

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 \_\_\_\_ \_ 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 \_\_\_\_\_