



# APPLICATION for EXEMPTION from Business Tax

Certificate Expires **June 30** and is renewable annually

CITY OF LOMPOC FINANCE DEPARTMENT – BUSINESS TAX OFFICE

100 CIVIC CENTER PLAZA – P.O. BOX 8001 – LOMPOC CA 93438-8001

Fax Number: 805-875-8333

New Application

Update/Revision

**Business Name:** \_\_\_\_\_ **Business Ph #:** \_\_\_\_\_

**Alternate Ph#:** \_\_\_\_\_

**Business Location:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_  
**Address** (cannot be PO Box per B&P Code Section 17538.5)

**Email:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **# of Employees in Lompoc:** \_\_\_\_\_

**Description of Business:**

**Fed Emp. ID No.:** \_\_\_\_\_ **State Emp. ID No.:** \_\_\_\_\_

**Type of Organization:**

Church  Fraternal  Non-Profit/Charitable  Part-Time Artist (earning less than \$2,625 annually)

Honorable Discharged Veteran (Certificate of Release Form DD214)  Other (must provide explanation)

**Enter name(s) of Owner, Trustee, or Corporate Officers** (attach additional sheet if necessary)

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Home No.:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
(cannot be PO Box)

**SS #:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Home No.:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
(cannot be PO Box)

**SS #:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Home No.:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
(cannot be PO Box)

**SS #:** \_\_\_\_\_

**State of California Reseller's Permit No.:** \_\_\_\_\_

**EMERGENCY CONTACT – For Commercial Locations Inside the City Limits**

**Name:** \_\_\_\_\_ **Title** \_\_\_\_\_

**Phone No.:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

Building Division

\_\_\_\_\_

Date: \_\_\_\_\_

Planning Division

\_\_\_\_\_

Date: \_\_\_\_\_

DECLARATION OF APPLICANT - Issuance of a Business Tax Certificate in no way releases the applicant (Business) from compliance with any provision of federal, state, county, and City ordinances, rules, regulations, or other law, including, without limitation, planning, zoning, signage, land use, building, fire, health, and safety laws and regulations. Failure to comply with the City ordinances and regulations may result in enforcement proceeding by the City Attorney.

By signing this statement – I/We declare, under penalty of perjury under the laws of the State of California, that this statement is made by me, that I am authorized to made such application; and to the best of my knowledge and belief, this Application is true, correct and complete. Issuance of the Business Tax Certificate is not an endorsement or certification of compliance with other ordinances or laws.

\_\_\_\_\_  
**Applicant Signature** **Title** **Date**

# INSTRUCTIONS FOR APPLICATION FOR EXEMPTION FROM BUSINESS TAX

## All Exempt Licenses expire on June 30, and must renewed annually.

**For Businesses** located in commercial locations in the City of Lompoc: The Lompoc Police Department maintains a list of contact persons who are designated by you the business owner/manager to respond in case of an emergency. You are requested to provide the Police Department with updated information concerning any changes to this list by notifying the Police Dispatcher at 736-2341, 24 hours per day. Please list the persons you designate on the reverse side of this form.

**Alarm Permits:** If your business will have a silent or audible alarm, you must contact the Police Department in person during regular business hours to obtain an ALARM PERMIT. Operation of an alarm without a permit is a violation of the Lompoc Municipal Code.

## LCC SECTION 1808-D

- A) Any person claiming an exemption pursuant to this section shall, upon request of the Collector, file a sworn statement with the Collector stating the facts upon which exemption is claimed and, in the absence of such statement substantiating the claim, such person shall be liable for the payment of the taxes imposed by this chapter.
- B) The Collector shall, upon a proper showing contained in the sworn statement, issue a business tax certificate, to such person claiming exemption under this section, without payment to the City of the business tax required by this Chapter.

## THE FOLLOWING PROOF OF EXEMPTION MUST BE SUBMITTED WITH THIS APPLICATION

### BANKS & FINANCIAL INSTITUTIONS

- ❖ Proof of in-lieu tax payment to the State of California. Franchise Tax Board Form 100 & Qualifying questionnaire. (*California Revenue & Taxation Code, Section 2318.*)

### HONORABLY DISCHARGED VETERANS

- ❖ Proof of honorary discharge – Certificate of Release DD 214 Form (*Business & Professions Code, Section 16001.7*)

### INSURANCE BROKERS/AGENTS

- ❖ Proof of in-lieu tax payment. Certificate of appointment from insurance company. (*California Constitution, Article 13, Sec. 28 (F).*)

### NONPROFIT ORGANIZATIONS/ASSOCIATION/CHARITABLE INSTITUTIONS/RELIGIOUS ORGANIZATIONS

- ❖ Article of Incorporation or By-Laws
- ❖ Tax Exempt Letter from the IRS **AND/OR** Tax Exempt Letter from the Franchise tax Board (*California Revenue & taxation Code, Section 23701*)

### REAL ESTATE COMPANIES, BROKERS OR AGENTS.

- ❖ Proof of in-lieu tax payment to the State of California. (Form 100)