



CITY OF SANTA BARBARA

APPLICATION for INDEPENDENT CONTRACTOR

(CITY PAYING INDIVIDUAL FOR SERVICES RENDERED)

Finance Dept B/L

License Track
Charge Code
1088

Date of Application: _____

New

Renewal

Applicant's Name:

Address (include street, city, and zip code):

Mailing Address (if different from above):

Telephone Number:

Social Security Number:

Description of Service Provided:

Term of Contract. From:

To:

Note: Please include your Social Security Number and correct address. Failure to provide this information could result in delays in receiving payment and year-end tax form 1099. ALSO, if your contract is terminated or cancelled, it is your responsibility to call the Finance Department at 564-5341 to close your independent contractor's business license. Penalties are assessed the first day after the license expires.

I hereby certify, under penalty of perjury, the information reported on this form is true and complete, to the best of my knowledge.

Applicant Signature

Date

Fee Schedule:

Under \$1,200 gross, pay	\$ 5.00 + \$4.00= \$9.00
From \$1,201 to \$20,000 pay	\$25.00 + \$4.00= \$29.00

STATE MANDATE AB1147 – DISABILITY ACCESS requires cities to impose a \$4 state fee on all business licenses issued on or after Jan 1, 2018. The fees will be used to increase disability access and compliance with construction-related accessibility requirements and to develop education resources for businesses to facilitate compliance with federal and state disability laws. For more information: visit www.santabarbaraca.gov/Business.

Amount to be Paid: _____

Make check payable to "City of Santa Barbara"
Mail this form and payment to: City of Santa Barbara, Finance/Licenses and Permits,
P.O. Box 1990, Santa Barbara, CA 93102