

INCENTIVES FOR SMALL BUSINESSES

CITY OF LONG BEACH



INCENTIVE TO RELOCATE OR EXPAND A SMALL BUSINESS

- Approximately \$350-\$520.
- Qualification: A small business who relocates from outside of Long Beach or adds an additional location in Long Beach.
- Example: Incentive amount equal to the amount of first year's business license tax for new or expanded location. Paid as a credit against first year's business license tax bill.



INCENTIVE TO SUPPORT MANUFACTURING

- Approximately \$700-\$860.
- Qualification: A small manufacturing business starts in, or relocates to, Long Beach.
- Example: Incentive amount equal to the amount of first two years business license tax for the new location. Paid as a credit against the business license tax bill and applied over two years.



INCENTIVE TO CREATE JOBS

- Approximately \$36 to \$70 per employee added.
- Qualification: Currently licensed small business adds employees.
- Example: Incentive amount equal to four times the amount of incremental license tax for each new employee for the current year, based on before and after business license headcount. Paid as a credit against the current year's business license tax bill.



INCENTIVE FOR RENOVATION AND CONSTRUCTION

- Approximately \$700 to \$1,035.
- Qualification: A small business making renovation or construction of improvements, paid for by the small business and not by its landlord or others.
- Example: Incentive amount equal to the amount of one year of the current business license tax for the business, if the total value of the renovation or construction exceeds \$2,000. Paid as a credit against the business license tax bill.

START, EXPAND OR RELOCATE YOUR BUSINESS IN LONG BEACH
Please see reverse for more details & application.



CITY OF LONG BEACH – BUSINESS SERVICES BUREAU
411 W. Ocean Blvd., 2nd Floor, Long Beach, CA 90802
562.570.6200 | lbiz@longbeach.gov | www.longbeach.gov



APPLICATION FOR SMALL BUSINESS INCENTIVE PROGRAM

CITY OF LONG BEACH – BUSINESS SERVICES BUREAU

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BUSINESS APPLYING FOR INCENTIVE

OWNER/ENTITY NAME		TYPE OF BUSINESS (BE SPECIFIC)				
BUSINESS NAME (D.B.A)		EMAIL:				
BUSINESS ADDRESS NUMBER	STREET	CITY	STATE	ZIP	AREA CODE/TELEPHONE	
<input type="checkbox"/> New Business <input type="checkbox"/> Existing Business	If you are currently a licensed business in Long Beach please provide your license number: _____		<input type="checkbox"/> Expanding or Relocating	<input type="checkbox"/> Adding Employees	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Renovation or Construction

A. EXPANDING OR RELOCATING BUSINESS INFORMATION

DO YOU MEET THE QUALIFICATIONS AS A SMALL BUSINESS (10 EMPLOYEES OR LESS)? Y N

ARE YOU RELOCATING FROM ANOTHER CITY OR ADDING AN ADDITIONAL LOCATION IN LONG BEACH? RELOCATING ADDITIONAL LOCATION

PLEASE PROVIDE PROOF OF RELOCATION e.g.(COPY OF BUSINESS LICENSE FROM THE PREVIOUS CITY)

B. MANUFACTURING BUSINESS INFORMATION

DO YOU MEET THE QUALIFICATIONS AS A SMALL BUSINESS? (10 EMPLOYEES OR LESS)? Y N

ARE YOU STARTING A NEW MANUFACTURING BUSINESS IN LONG BEACH OR RELOCATING A MANUFACTURING BUSINESS TO LONG BEACH? NEW RELOCATING

WHAT ARE YOU MANUFACTURING? _____

C. CREATING JOB INFORMATION (THIS EMPLOYEE COUNT WILL BE THE BASIS FOR ANY FUTURE BILLING)

DO YOU MEET THE QUALIFICATIONS AS A SMALL BUSINESS? (10 EMPLOYEES OR LESS) Y N

CURRENT NUMBER OF EMPLOYEES: _____ HOW MANY EMPLOYEES ARE YOU ADDING? _____ TOTAL NUMBER OF EMPLOYEES: _____

D. RENOVATION AND CONSTRUCTION INFORMATION

DO YOU MEET THE QUALIFICATIONS AS A SMALL BUSINESS? (10 EMPLOYEES OR LESS) Y N

DID THE ABOVE BUSINESS PAY AT LEAST \$2,000 FOR CONSTRUCTION OR RENOVATION COSTS RELATED TO THE PERMIT INDICATED BELOW? Y N

PLEASE INDICATE THE PERMIT NUMBER OF THE CURRENT AND PAID RENOVATION OR CONSTRUCTION PERMIT FOR THE ABOVE BUSINESS: _____ (PLEASE ATTACH A COPY)

PLEASE INDICATE THE VALUE OF THE RENOVATION OR CONSTRUCTION REPORTED ON THE PERMIT \$ _____

ACKNOWLEDGMENT TO BE COMPLETED BY SOLE OWNER, PRINCIPAL OFFICERS, MEMBERS OR PARTNERS

I represent that I am an authorized representative of the business applying for the incentive, that the information above is true and correct and that employee counts will be used to update any existing and/or new business license information. I understand that information may be independently verified and that any materially inaccurate information will make the business ineligible for the incentive and repayment will be required if an incentive has been received. I acknowledge that the jobs incentive may be recovered on a pro rata basis. If I subsequently reduce employees in the next four years. I also understand this application does not identify all the rules and regulations concerning this incentive program.

Signature _____ Date _____

Print Name/Title _____

FOR OFFICE USE ONLY

Inspection(s): <input type="checkbox"/> Building <input type="checkbox"/> Business License	<p style="text-align: center;">Approval Y N N/A</p> <p>By: _____</p> <p>Date: _____</p> <p>Incentive: A B C D</p> <p>Comments: _____</p>
Incentive Code: _____ Incentive Credit Amount: \$ _____	
Employees: # _____ @ \$ _____ = _____	