

**CITY OF TRINIDAD**  
P.O. Box 390  
409 Trinity Street  
Trinidad, CA 95570  
(707) 677-0223

**Cheryl Kelly, Mayor**  
**Gabriel Adams, City Clerk**



To: **Licensed Businesses**

Date: November 13, 2023

From: City of Trinidad, Clerk's Office

Re: **2024 Business License Renewal**

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Please find enclosed your 2024 Business License Renewal Application, due January 15, 2024.

- **Annual License Fee: \$60.00**
- **January 16<sup>th</sup> – January 31<sup>st</sup> – grace period**
- **Received After January 31, 2024 - \$80.00**

If you are conducting business in the City of Trinidad please complete your application, and continue reading below regarding SB 205 form **\*required\*** and return with payment as soon as possible.

Please note, the SB 205 form is a new this year and a requirement of the State of California. If you feel SB 205 may not apply to you then please review questions #1 thru #4 to determine on the supplemental form and sign and return with your Business License Application. If SB 205 does apply to your business, you must complete the form in its entirety.

***SB 205 Stormwater Discharge Compliance:*** *In compliance with California Senate Bill 205 (2019), all business license applicants (and business license renewal applicants) **must** complete and submit the following form concurrently with this application: **City of Trinidad SB 205 Business License Stormwater Discharge Compliance Form.** This application will not be processed nor any business license issued or renewed until the form is filed with the City.*

Return license, payment (if doing (or continuing) business within the City limits, and SB 205 to the following mailing address:

**City of Trinidad**  
**P.O. Box 390**  
**Trinidad, CA 95570**

**If you are no longer doing business in Trinidad** and will not require a 2024 Business License please email us as soon as possible at [jhakenen@trinidad.ca.gov](mailto:jhakenen@trinidad.ca.gov). Please include the name of the business/owner name that the license application was emailed/mailed to and also include a statement as to the reason you do no longer require a license. You can also check the no longer doing business in Trinidad box on the enclosed application and return to the mailing address shown above.

Thank you for all you do for the City and we wish you continued success in 2024!

Sincerely,

City of Trinidad



# City of Trinidad

## SB 205 Stormwater Discharge Compliance Form

Senate Bill (SB) 205, signed by Gov. Newsom in 2019, requires a person or entity who conducts a business operation that is a “regulated industry” to demonstrate enrollment with the NPDES permit program. By providing specified information on an initial or renewal City business license application, enrollment in the NPDES permit can be confirmed. The goal of the program is to address the health and safety of drinking water sources statewide.

SB 205 does not affect all businesses. Only those businesses with primary Standard Industrial Classification (SIC) codes that are identified by the State Water Board as requiring enrollment in the Industrial General Permit (IGP) are affected. The questions below will guide you and the City in determining if your business requires enrollment in the IGP. **Completion and submission of this form is required.**

<b>1</b>	<b>What is the physical location/address of this business? Complete a separate SB205 Compliance Form for each physical location/address in Trinidad.</b>	Address: _____
<b>2</b>	<b>What are the primary Standard Industrial Classification (SIC) codes for this business location? Look up your SIC Codes here: <a href="https://www.naics.com/search/">https://www.naics.com/search/</a> and search by keyword(s) (for example: metal recycling) OR your insurance broker should also know your SIC code(s).</b>	SIC Codes: _____ _____ _____
<b>3</b>	<b>Do any of the Primary SIC Codes from question #2 above match any of the regulated SIC codes listed on the Water Board website below? <a href="https://www.waterboards.ca.gov/water_issues/programs/stormwater/sicnum.html">https://www.waterboards.ca.gov/water_issues/programs/stormwater/sicnum.html</a></b>	Circle One Yes _____ No _____
<b>4</b>	<b>If you circled NO to Question #3, sign and return this form. Nothing more for SB205 is required of the business at this time.</b>	
<b>5</b>	<b>If you circled YES in Question #3, has the business already obtained an Industrial NPDES Permit?</b>	Circle One Yes _____ No _____
<b>6</b>	<b>If you circled YES in Question #5, provide the requested information regarding the existing Industrial NPDES Permit. Sign and return this form. You are in compliance with SB205.</b>	WDID# _____ WDID Application # _____ NONA ID# _____ NEC ID# _____
<b>7</b>	<b>If you circled NO in Question #5, you need to enroll under the Stormwater Industrial General Permit (IGP) and provide the City with your permit numbers as described in Question #6 above. Sign and return this SB205 Compliance Form. Start the process of obtaining the Industrial General Permit by contacting the State or Regional Water Board at the information listed below. Once you obtain the IGP report the permit numbers to the City.</b>	

**Declaration**

I declare under penalty of perjury under the laws of California that the above information is true and correct to the best of my knowledge.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

For guidance on how to apply for coverage under the Stormwater Industrial General Permit, contact the State Water Board or local Regional Board.

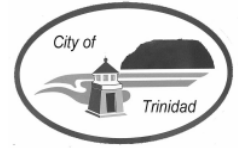
**State Water Board Contact:**

Website: [www.waterboards.ca.gov/waterboards\\_map.html](http://www.waterboards.ca.gov/waterboards_map.html)

Email: [stormwater@waterboards.ca.gov](mailto:stormwater@waterboards.ca.gov)  
 Phone: 1-866-563-3107

**Region 1 North Coast Regional Water Board – Santa Rosa Office Contact:**

Website: <https://www.waterboards.ca.gov/northcoast/> Phone: 1-707-576-2220



## 2024 CITY OF TRINIDAD BUSINESS LICENSE APPLICATION

You received this notice because:

- You had a City of Trinidad business license last year.
- You have been reported as conducting business within the city limits.
- You operate a residential long-term rental unit.

**\*\* Please fill out form completely even if information has not changed. \*\***

Forms returned noted "no changes", "same as last year" will not be processed this year. All forms must be completed.

Please check one: New License  Renewal License  No longer doing business in Trinidad

### General Information

Business Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_ Sales Tax ID. No: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Owner(s) Name: \_\_\_\_\_

Owner(s) Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact & Phone: \_\_\_\_\_

### Annual License Fee: \$60.00

Fees are due by January 17, 2024. A late fee of \$20.00 will not be assessed until January 31, 2024.

Payments accepted: Cash, Check, Money Order. If paying by check, make check payable to: **City of Trinidad**

Mail application/payment to: **P.O. Box 390, Trinidad, CA 95570**

I would like to receive by Business License Application Renewal form by email in the future.  Check box if yes

### Proof of Insurance: (for businesses with employees)

Name of Company: \_\_\_\_\_ Policy # \_\_\_\_\_

If answer is none: I certify that in the performance of work for which this license is issued I shall not employ any person in any manner so as to become subject to the worker's compensation laws of California. Note: If after signing the certificate, you hire any employee, you become subject to the workers' compensation provisions of the California Labor Code, and you must immediately comply with the provisions of Section 3700 or your license immediately becomes revoked.

**Certification:** I hereby certify under penalty of perjury that the above information is true and correct:

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

**In compliance with Federal and State stormwater control requirements and Trinidad Ordinance 2015-01 check one:**

**Check one:**

- Yes:** I certify that our site/facility prevents potential pollutants from being discharged from our business location:
- Unknown: I need more information** to be able to confirm that our facility does everything possible to prevent potential pollutants from being discharged from our business location.
- I do not have a business facility located within City limits and/or I rent out one or more residences in town**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

<b>Official Use Only:</b> License # _____ Issue Date _____ By _____
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