



CITY OF HUNTINGTON BEACH

FINANCE DEPARTMENT – BUSINESS LICENSE

P. O. Box 190 - 2000 Main Street, Huntington Beach, CA 92648-2702

Phone (714) 536-5267 – Fax (714) 536-5934 – www.huntingtonbeachca.gov

APPLICATION FOR TEMPORARY BUSINESS LICENSE FOR SPECIAL OR SPECIFIC EVENTS

PLEASE COMPLETE ALL APPLICABLE SECTIONS: Applications must be typed, or legibly hand printed in blue or black ink

Name of Event

Please check all that apply: Event Organizer Single Vendor Non-Profit Org. Blanket License July 4th Film Crew

Business Name

Contact Person Title Phone

Business Address

Mailing Address; City, State, Zip

E-mail Address Web Site Business Phone Fax

Type of Business: Social Security # Type of Business: Federal Tax ID #
 Sole Proprietor Partnership Corporation

Location of Event

Purpose of Event

Date(s) of Event Time of Event

Description of Activity at Event

Booths / Vendors you will have at event: # Businesses providing a service at the event: Approx. number of staff at event:
 (Organizer to provide list of booths/vendors) (Organizer to provide list of service providers)

Sellers Permit (Resale #) Health Permit? Yes No Liquor License? Yes No

Non-Profit or Charitable Organization? Yes No Name of Corporation (if different)

Officers of Corporation

Check documents attached. 501(c)(3) Articles of Incorporation as a Non-Profit/Charitable Organization

Written approval of non-profit status from IRS Written approval of non-profit status from State Franchise Tax Board

I am aware of the provisions of Section 3700 of the California Labor Code, which requires every employer to be insured against liability for Workers Compensation. (Please check appropriate box)

Certificate of Workers Compensation Insurance Certificate of Self-Insurance of Workers Compensation

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.

I hereby declare under penalty of perjury that the information and statements on this application are true and correct.

Signature: _____ Title: _____

Printed Name: _____ Date: _____

OFFICE USE ONLY:

Business License # : Receipt: Amount Due:

SERVICE PROVIDERS		NAME OF EVENT _____		
BUSINESS TYPE	BUSINESS NAME	FULL ADDRESS	PHONE	HB BUS LIC #
AMBULANCE SERVICE				
ANNOUNCER				
BLEACHERS				
CATERERS				
CONSTRUCTION				
ENTERTAINERS / PERFORMERS				
RENTAL EQUIPMENT				
TV FILMING / VIDEO				
GENERATOR / ELECTRICAL				
JANITORIAL / WASTE DISPOSAL				
MEDICAL SERVICES				
MOBILE ICE SERVICES				
MOBILE STORAGE				
PARTY RENTALS				
PORTABLE TOILETS				
WALKIE TALKIES				
SCAFFOLDING				
SECURITY				
STAGES				
SHUTTLES				
TENTS / CANOPIES				
TIMING COMPANY				
TRAFFIC CONTROL				
TRUCKS				
OTHER				

VENDORS/BOOTHS		NAME OF EVENT _____		
	BUSINESS NAME	TYPE (sales, samples, service, flyers, banner)	SELLER'S PERMIT (RESALE #)	NON-PROFIT?
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				

