



CITY OF HUNTINGTON BEACH

FINANCE DEPARTMENT – BUSINESS LICENSE

Phone: (714) 536-5267 Email: businesslicense@surfcity-hb.org
P. O. Box 190 - 2000 Main Street, Huntington Beach, CA 92648-2702
www.huntingtonbeachca.gov

APPLICATION FOR BUSINESS LICENSE FOR CSLB CONTRACTORS HEADQUARTERED OUTSIDE OF HUNTINGTON BEACH

BUSINESS DETAILS:				Applications must be typed, or legibly hand printed in blue or black ink			
Name of Business (DBA)							
Name of Corporation (attach list of officers)							
Owner(s) or Principal(s)						Title	
						Title	
Contact Person						Title	
Business Address							
Mailing Address; City, State, Zip							
Business E-mail Address			Web Site		Business Phone		Fax
Type of Ownership: <input type="checkbox"/> Sole Proprietor		Social Security #	Type of Ownership: <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			Federal Tax ID #	State Tax ID #
Date Business Started in Huntington Beach			# Employees (include self per latest tax filing):	Full-time	Part-time (FTE)	SIC #	
Detailed Description of Business Activity							
<input type="checkbox"/> General Contractor	Contractor's Lic #	Classes	Expiration Date		Job Address		
<input type="checkbox"/> Sub Contractor							

Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx. The Department of Rehabilitation at www.rehab.cahwnet.gov. The California Commission on Disability Access at www.cdda.ca.gov.

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 #	TOTAL DUE: \$129.88