



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 BUSINESS LICENSE

BUSINESS DETAILS: Applications must be typed, or legibly hand printed in blue or black ink

Name of Business (DBA):

Name of Sole Business Owner or Legal Entity(Corporation/LLC/Partnership)

Owner(s) or Principal(s)	Title(s)
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Contact Person for Business License	Contact Person's Direct Phone Number
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Business Address

Service of Process Address (Address where business has consented to receive official U.S. Mail)

Business Mailing Address: Check if same as above

Public Business E-mail Address	Public Web Site	Public Business Phone	Fax
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Type of Ownership (Check One): <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	Applicable Identification Number (Check One): <input type="checkbox"/> Social Security <input type="checkbox"/> Drivers License _____ <input type="checkbox"/> Federal Tax ID <input type="checkbox"/> Municipal ID _____ ID Number
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Business Start Date in Huntington Beach (MM/YY)	# Employees (include self):	NAICS CODE
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Detailed Description of Business Activity:

Located in a BID? <input type="checkbox"/> Yes <input type="checkbox"/> No	BID Zone <input type="checkbox"/> 1 <input type="checkbox"/> 2	BID Type or Category	Sq Ftg/Floor/Etc.	BID Fee Amount	Cash Receipt #
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Description of Products Sold (If Applicable)	Are you required to collect sales tax? <input type="checkbox"/> Yes <input type="checkbox"/> No	Seller's Permit (Resale #)
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Business Vehicles Used in the City? <input type="checkbox"/> Yes <input type="checkbox"/> No How Many?	Under 1 ton	1-3 tons	Over 3 tons	License Plate #	License Plate #
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<input type="checkbox"/> General Contractor <input type="checkbox"/> Sub Contractor	Contractor's Lic #	Classes	Expiration Date	Job Address
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Burglar Alarm System? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, permit is required. Call (714) 960-8805	Health Permit #	ABC License #	Police Permit #	Finance Permit #
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State License (# / Type / Exp. Date)	Live Entertainment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sale of Adult Only Items? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Coin Operated Machines? <input type="checkbox"/> Yes <input type="checkbox"/> No	# Vending	# Amusement	# Service	# Music	# Bulk
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Vending Company's Name/Address/Phone

# Apt/Motel/Rooming House/Office Units	#Trailer Spaces	Date of Purchase	Mobile/Sidewalk Vendor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete section on back of form
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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.

In order to obtain a business license, the applicant must present all appropriate zoning permits. Business License applications will not be accepted or processed by the Business License office until proof of all appropriate zoning permits have been provided.

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

Signature: _____ Title: _____
Printed Name: _____ Date: _____

B/L#	Total Due:
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SUPPLEMENTARY INFORMATION REQUIRED: (NON-PUBLIC INFORMATION) Applications must be typed, or legibly hand printed in blue or black ink			
Owner or Principal			Title
Residence Address			
City, State, Zip		Email	Phone
Date of Birth	Social Security # / ID #		Drivers License
Signature		Date	
Partner's Name or Secondary Principal (If applicable)			Title
Residence Address			
City, State, Zip		Email	Phone
Date of Birth	Social Security # / ID #		Drivers License
Signature		Date	
ALTERNATIVE CONTACT IN CASE OF EMERGENCY:			
Name		Title	Phone
MOBILE/SIDEWALK VENDORS ONLY – SUPPLEMENTARY INFORMATION:			
Products Sold		Commissary Address (If Applicable)	
Previous License? <input type="checkbox"/> Yes <input type="checkbox"/> No		City where previous license obtained / Date	
Has license/franchise previously been revoked/suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Suspension if Yes	Year
SIDEWALK VENDORS: CHECK ONE <input type="checkbox"/> OWNER <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> FINANCE PERMIT #			
MOBILE VENDORS-VEHICLE INFORMATION			
Registered Owner of Vehicle		Description of Logo (may attach photo)	
Make of Vehicle	Year	Color	VIN #
MOBILE VENDORS MUST ALSO PROVIDE WITH APPLICATION:			
<ul style="list-style-type: none"> • Legible photo copy of valid drivers license for each driver • DMV auto registration • Copy of auto insurance referencing VIN and policy #, naming additionally insured • Color photos of vehicle showing full side profile with logo and full rear of vehicle with license plate 			
IMPORTANT INFORMATION:			
Please notify the Business License Office of any changes to the business, including business name, location, owners, partners, business type or activity. If the business license is not updated accordingly, it may no longer be valid and the business owner may then be liable for penalties and administrative citations.			
If the business moves to another commercial location, a Certificate of Occupancy for the new location must be applied for with the Planning Department. Call (714) 536-5271 for application.			
As an applicant for a business license, if a Social Security number has been issued to you, then it is required that you provide your Social Security number as part of the application. Pursuant to Section 405(c)(2)(C)(i) of Title 42 of the United States Code, the City is permitted to require disclosure of the Social Security number for tax purposes. Disclosure of this information is mandatory. However, while disclosure is required in order for the City to properly administer the business license tax program, the Social Security number is not public record, and will not be disclosed to any members of the public.			
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: DEPARTMENT OF GENERALSERVICES, Division of the State Architect, CASp Program www.dgs.ca.gov/dsa www.dgs.ca.gov/casp DEPARTMENT OF REHABILITATION Disability Access Services www.dor.ca.gov www.rehab.cahwnet.gov/ disabilityaccessinfo DEPARTMENT OF GENERALSERVICES, California Commission on Disability Access www.cdda.ca.gov www.cdda.ca.gov/resourc es-menu			
OFFICE USE ONLY:			
Bus License #	Entered By:		NOTES:
	Reviewed By:		