



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.surfcity-hb.org

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: <input type="checkbox"/> Event Organizer <input type="checkbox"/> Single Vendor <input type="checkbox"/> Non-Profit Org. <input type="checkbox"/> Blanket License <input type="checkbox"/> July 4th <input type="checkbox"/> 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: <input type="checkbox"/> Sole Proprietor | | Social Security # | | Type of Business: <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation | | Federal Tax ID # | | | |
| 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: (Organizer to provide list of booths/vendors) | | | # Businesses providing a service at the event: (Organizer to provide list of service providers) | | | Approx. number of staff at event: | | | |
| Sellers Permit (Resale #) | | | Health Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Liquor License? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Non-Profit or Charitable Organization? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | Name of Corporation (if different) | | | | |
| Officers of Corporation | | | | | | | | | |
| Check documents attached. | | <input type="checkbox"/> 501(c)(3) | | <input type="checkbox"/> Articles of Incorporation as a Non-Profit/Charitable Organization | | | | | |
| <input type="checkbox"/> Written approval of non-profit status from IRS | | | | <input type="checkbox"/> 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) | | | | | | | | | |
| <input type="checkbox"/> Certificate of Workers Compensation Insurance | | | | | <input type="checkbox"/> Certificate of Self-Insurance of Workers Compensation | | | | |
| <input type="checkbox"/> 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: | |

