

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

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)					
Contact Person for Business License						Contact Person's Direct Phone Number				
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 F			Public Web Site			Public Business Phone			Fax	
Type of Ownership (Check One):	Applica	ble Identifi	cation	Numbor	(Chock	Ono):				
□ Sole Proprietor □ LLC						One).				
☐ Partnership ☐ Corporation	☐ Feder	Social Security								
Business Start Date in Huntington Beach	(MM/YY)	# Employe	ees (ind	clude se	lf):	NAICS CODE				NAICS CODE
Detailed Description of Business Activity:										
Located in a BID? BID Zone BID ☐ Yes ☐ No ☐ 1 ☐ 2	Type or Ca	/pe or Category Sq Ftg/Floor/Etc.			Etc.	В	BID Fee Amount		Cash Receipt #	
Description of Products Sold (If Applicable) Are you required to collect sales tax? Seller's Permit (Resale #)										
	1	☐ Yes ☐					<u> </u>	1		
Business Vehicles Used in the City? Under 1 ton 1-3 tons Over 3 tons License Plate # License						nse Plate #				
☐ General Contractor Contractor's Lic # Classes Expiration Da					ion Date	Job Address				
Burglar Alarm System?				ABC License #			Police Permit #		F	Finance Permit #
State License (# / Type / Exp. Date) Live Entertainment? ☐ Yes ☐ No Sale of Adult Only Items? ☐						s? □ Yes □No				
Coin Operated Machines? # Vendin	# Amus	sement	# Service		# Music		#	# Bulk		
Vending Company's Name/Address/Pho	one	•		'						
# Apt/Motel/Rooming House/Office Units #Trailer Spa			Spaces Date of Purcha			e Mobile/Sidewalk Vendor? ☐ Yes ☐ If yes, complete section on back of form				
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 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:										

SUPPLEMENTARY INFORMATION RE	EQUIRED: (lications must be type		IC INFORMATION hand printed in blue					
Owner or Principal		<u>., g,</u>			Title			
Residence Address					1			
City, State, Zip		Email		Phone				
Date of Birth	Social Secu	rity # / ID #		Drivers License				
Signature			Date					
Partner's Name or Secondary Princ	ipal (If applicable)				Title			
Residence Address								
City, State, Zip		Email		Phone				
Date of Birth	Social Secu	rity # / ID #		Drivers License	<u>I</u>			
Signature			Date	1				
ALTERNATIVE CONTACT IN CAS	E OF EMERGENCY							
Name		Title			Phone			
SIDEWALK VENDORS ONLY - SU	JPPLEMENTARY IN	FORMATIC	N:					
Products Sold				Pre	evious License? ☐ Yes ☐ No			
City where previous license obtaine	ked/suspended? ☐ Yes ☐ No							
If Yes, provide reason for Suspension	ar							
SIDEWALK VENDORS: CHECK O	NE OWNER	□ EMI	PLOYEE F	INANCE PERMIT #	‡			
MOBILE VENDORS – SUPPLEME	NTARY INFORMATI							
Products Sold		Name & Address of Commissary						
Registered Owner of Vehicle			VIN#					
Make of Vehicle		Year		Color				
MOBILE VENDORS MUST ALSO			:					
Legible photo copy of valid driveDMV auto registrationCopy of auto insurance reference		Color photos of vehicle that show: Entire side profile of vehicle with logo Entire 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, number as part of the application. Purs of the Social Security number for tax put o properly administer the business licenthe public.	uant to Section 405(c)(urposes. Disclosure of t	2)(C)(i) of Tit his information	tle 42 of the United S on is mandatory. How	States Code, the City wever, while disclosur	is permitted to require disclosure re is required in order for the City			
Under federal and state law, compliance wi with buildings open to the public. You may of DEPARTMENT OF GENERALSERVICES, DEPARTMENT OF REHABILITATION Disa DEPARTMENT OF GENERALSERVICES,	obtain information about y Division of the State Arch ability Access Services ww	our legal oblig itect, CASp Pr w.dor.ca.gov	ations and how to com rogram www.dgs.ca.go www.rehab.cahwnet.g	ply with disability acces v/dsa www.dgs.ca.gov/ ov/ disabilityaccessinfo	s laws at the following agencies: casp			
OFFICE USE ONLY:								
Bus License #	Entered By:		NOTES:					
	Reviewed By:							