



# 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](http://www.surfcity-hb.org)

### 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 Corporation (attach list of officers)			
Owner(s) or Principal(s)		Title	
		Title	
Contact Person		Title	
Business Address			
Mailing Address			
Web Site	E-mail Address	Business Phone	Fax

Type of Ownership: <input type="checkbox"/> Sole Proprietor	Social Security #	Type of Ownership: <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

Located in a BID? <input type="checkbox"/> Yes <input type="checkbox"/> No	BID Zone <input type="checkbox"/> 1 <input type="checkbox"/> 2	Area (sq ft)	BID Type	Discharge into Stormdrain? <input type="checkbox"/> Yes <input type="checkbox"/> No	NPDES Permit #
Description of Products Sold		Do you collect sales tax? <input type="checkbox"/> Yes <input type="checkbox"/> No		Seller's Permit (Resale #)	
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 #
<input type="checkbox"/> General Contractor <input type="checkbox"/> Sub Contractor	Contractor's Lic #	Classes	Type of Job	Project Address (# street)	

Burglar Alarm System? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, permit is required. Call (714) 960-8805	Alarm Permit #	Health Permit #	ABC License #	CUPA#	
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		
Coin Operated Machines? <input type="checkbox"/> Yes <input type="checkbox"/> No	# Vending	# Amusement	# Service	# Music	# Bulk
Vending Company's Name/Address/Phone					
# Apt/Motel/Rooming House/Office Units	#Trailer Spaces	Date of Purchase	Mobile Vendor? <input type="checkbox"/> Yes <input type="checkbox"/> No 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

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: \_\_\_\_\_

**Total Due:**

SUPPLEMENTARY INFORMATION REQUIRED: (NON-PUBLIC INFORMATION)				
Owner or Principal			Title	
Residence Address				
City		State	Zip	Home Phone
Date of Birth	Social Security #		Drivers License	
Signature			Date	
Partner's Name or Secondary Principal (If applicable)				Title
Residence Address				
City		State	Zip	Home Phone
Date of Birth	Social Security #		Drivers License	
Signature			Date	
ALTERNATIVE CONTACT IN CASE OF EMERGENCY:				
Name		Title		Phone

MOBILE VENDORS ONLY – SUPPLEMENTARY INFORMATION:				
Products Sold		Overnight Location of Vehicle		
Registered Owner of Vehicle		Description of Logo (may attach photo)		
Make of Vehicle	Year	Color	Serial #	Engine #
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
<b>Please attach list of drivers/vendors; copy of liability insurance; photo of vehicle.</b>				

**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 as a sole proprietor, you are required to 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.

OFFICE USE ONLY:					
Certificate of Occupancy CD T	Date Filed	Bus License #	Drivers Lic	Receipt	TOTAL DUE: _____ (Includes non-refundable processing fee)

**NOTES:**