



**CITY OF HUNTINGTON BEACH**  
2000 Main Street, Huntington Beach, CA 92648

## Declaration of Non-Employer Status

In order to comply with the City Council Resolution No. 6277, you are required to provide proof of Workers' Compensation Insurance. If you have no employees, this form must be signed and returned to:

City of Huntington Beach  
2000 Main Street  
Huntington Beach, CA 92648

I certify that in the performance of the activity or work for which this permit is issued, I shall not employ any person in any manner so as to become subject to California Workers' Compensation Insurance requirements.

I authorize the City of Huntington Beach to immediately and retroactively revoke the license or permit issued under this declaration if I hire any employee(s) or become subject to the provision of the laws requiring Workers' Compensation Insurance.

Applicant/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Location Signed: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Telephone Number: \_\_\_\_\_