



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 Public Web Site Public Business Phone Fax

Type of Ownership (Check One): Sole Proprietor LLC Partnership Corporation

Applicable Identification Number (Check One): Social Security Drivers License Federal Tax ID Municipal ID ID Number

Business Start Date in Huntington Beach (MM/YY) # Employees (include self): NAICS CODE

Detailed Description of Business Activity:

Located in a BID? Yes No BID Zone 1 2 BID Type or Category Sq Ftg/Floor/Etc. BID Fee Amount Cash Receipt #

Description of Products Sold (If Applicable) **Are you required to collect sales tax?** Yes No **Seller's Permit (Resale #)**

Business Vehicles Used in the City? Yes No How Many? Under 1 ton 1-3 tons Over 3 tons License Plate # License Plate #

General Contractor Contractor's Lic # Classes Expiration Date Job Address
 Sub Contractor

Burglar Alarm System? Yes No Health Permit # ABC License # Police Permit # Finance Permit #
If yes, permit is required. Call (714) 960-8805

State License (# / Type / Exp. Date) Live Entertainment? Yes No Sale of Adult Only Items? Yes No

Coin Operated Machines? Yes No # Vending # Amusement # Service # Music # Bulk

Vending Company's Name/Address/Phone

Apt/Motel/Rooming House/Office Units #Trailer Spaces Date of Purchase Mobile/Sidewalk Vendor? Yes 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.

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 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
SIDEWALK VENDORS ONLY – SUPPLEMENTARY INFORMATION:			
Products Sold			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	
If Yes , provide reason for Suspension:			Year
SIDEWALK VENDORS: CHECK ONE <input type="checkbox"/> OWNER <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> FINANCE PERMIT #			
MOBILE VENDORS – SUPPLEMENTARY INFORMATION			
Products Sold		Name & Address of Commissary	
Registered Owner of Vehicle		VIN #	
Make of Vehicle	Year	Color	
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 		<ul style="list-style-type: none"> • <u>Color photos of vehicle that show:</u> 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, 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.ccca.ca.gov www.ccca.ca.gov/resources-menu			
OFFICE USE ONLY:			
Bus License #	Entered By:	NOTES:	
	Reviewed By:		