



# CITY OF HUNTINGTON BEACH

## FINANCE DEPARTMENT – BUSINESS LICENSE

Phone: (714) 536-5267 Email: [businesslicense@surfcity-hb.org](mailto:businesslicense@surfcity-hb.org)  
 P. O. Box 190 - 2000 Main Street, Huntington Beach, CA 92648-2702  
[www.huntingtonbeachca.gov](http://www.huntingtonbeachca.gov)

### APPLICATION FOR BUSINESS LICENSE

|   |   |                      |  |  |  |                  |     |           |
|---|---|----------------------|--|--|--|------------------|-----|-----------|
| <b>BUSINESS DETAILS:</b>  |   |                      |  | 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: <input type="checkbox"/> Check if same as above   |   |                      |  |  |  |                  |     |           |
| Public Business E-mail Address  |   |                      | Public Web Site  |  | Public Business Phone  |                  | Fax |           |
| <b>Type of Ownership (Check One):</b><br><input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Trust<br><input type="checkbox"/> Partnership <input type="checkbox"/> Corporation  |   |                      | <b>Applicable Identification Number (Check One):</b><br><input type="checkbox"/> Social Security <input type="checkbox"/> Drivers License<br><input type="checkbox"/> Federal Tax ID <input type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | BID Zone<br><input type="checkbox"/> 1 <input type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |  | Seller's Permit (Resale #)   |                  |     |           |
| Business Vehicles Used in the City?<br><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<br><input type="checkbox"/> Sub Contractor  | Contractor's Lic #  | Classes              |  | Expiration Date  |  | Job Address      |     |           |
| Burglar Alarm System? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, permit is required. Call (714) 960-8805   |   |                      | Health Permit #  | ABC License #  | Police Permit #  | Finance Permit # |     |           |
| 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?<br><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/Sidewalk Vendor? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, complete section on back of form |                  |     |           |
| <p>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:</p> <input type="checkbox"/> Certificate of Workers Compensation Insurance <input type="checkbox"/> Certificate of Self-Insurance of Workers Compensation<br><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. |   |                      |  |  |  |                  |     |           |
| <p>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.</p> <p>I hereby declare under penalty of perjury that the information and statements on this application are true and correct.</p>  |   |                      |  |  |  |                  |     |           |
| Signature: _____  |   |                      |  | Title: _____   |  |                  |     |           |
| Printed Name: _____   |   |                      |  | Date: _____  |  |                  |     |           |
| <b>B/L#</b>   |   |                      |  | <b>Total Due:</b>  |  |                  |     |           |

| <b>SUPPLEMENTARY INFORMATION REQUIRED: (NON-PUBLIC INFORMATION)</b><br>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   |  |
| <b>ALTERNATIVE CONTACT IN CASE OF EMERGENCY:</b>  |                          |  |  |
| Name  |                          | Title  | Phone  |
| <b>SIDEWALK VENDORS ONLY – SUPPLEMENTARY INFORMATION:</b>   |                          |  |  |
| 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 <b>Yes</b> , provide reason for Suspension:  |                          |  | Year   |
| <b>SIDEWALK VENDORS: CHECK ONE</b> <input type="checkbox"/> OWNER <input type="checkbox"/> EMPLOYEE    FINANCE PERMIT #   |                          |  |  |
| <b>MOBILE VENDORS – SUPPLEMENTARY INFORMATION</b>   |                          |  |  |
| Products Sold   |                          | Name & Address of Commissary   |  |
| Registered Owner of Vehicle   |                          | VIN #  |  |
| Make of Vehicle   | Year                     | Color  |  |
| <b>MOBILE VENDORS MUST ALSO PROVIDE WITH APPLICATION:</b>   |                          |  |  |
| <ul style="list-style-type: none"> <li>• Legible photo copy of valid drivers license for each driver</li> <li>• DMV auto registration</li> <li>• Copy of auto insurance referencing VIN and policy #, naming additionally insured</li> </ul>  |                          | <ul style="list-style-type: none"> <li>• <u>Color photos of vehicle that show:</u><br/>Entire side profile of vehicle with logo<br/>Entire rear of vehicle with license plate</li> </ul> |  |
| <b>IMPORTANT INFORMATION:</b>   |                          |  |  |
| 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 <b>required</b> 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:<br>DEPARTMENT OF GENERALSERVICES, Division of the State Architect, CASp Program <a href="http://www.dgs.ca.gov/dsa">www.dgs.ca.gov/dsa</a> <a href="http://www.dgs.ca.gov/casp">www.dgs.ca.gov/casp</a><br>DEPARTMENT OF REHABILITATION Disability Access Services <a href="http://www.dor.ca.gov">www.dor.ca.gov</a> <a href="http://www.rehab.cahwnet.gov/">www.rehab.cahwnet.gov/</a> <a href="http://disabilityaccessinfo">disabilityaccessinfo</a><br>DEPARTMENT OF GENERALSERVICES, California Commission on Disability Access <a href="http://www.ccca.ca.gov">www.ccca.ca.gov</a> <a href="http://www.ccca.ca.gov/resources-menu">www.ccca.ca.gov/resources-menu</a> |                          |  |  |
| <b>OFFICE USE ONLY:</b>   |                          |  |  |
| Business License #  |                          | <b>NOTES:</b>  |  |