



# CITY OF LA HABRA

P. O. Box 785, La Habra, CA 90633-0785 (562) 383-4065

## BUSINESS LICENSE APPLICATION

*Please Check One*

New Application

Change of Owner

Change of Address

Change of Business Name

HOME OCCUPATION

Please correct or complete ALL items on the front and back of application.

<b>Business Name</b> _____		<b>Business License No.</b> _____	
<b>Corporate Name</b> (if applicable) _____		<b>City Classification</b> _____	
<b>Business Location</b> <small>(Cannot be P.O. Box per State of California Business &amp; Professions Code-Section 17538.5)</small>		<b>S.I.C. Number</b> _____	
City _____ State _____ Zip _____		<b>Bus. Start Date</b> _____	
<b>Mailing Address</b>		<b>Resale No.</b> _____	
City _____ State _____ Zip _____		<b>Federal ID No.</b> _____	
<b>Phone No.</b> _____ <b>Fax No.</b> _____		<b>State ID No.</b> _____	
<b>Description of Business</b> _____		<b>State Lic. No.</b> _____	
<b>Ownership</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Corp-Ltd Liability <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust		<b>State Lic. Type</b> _____	
		<b>Expire Date</b> _____	
		<b>Email Address</b> _____	

**Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary)**

Per AB 2184, you may protect your residential address by providing a different Service of Process address in accordance with Sections 16000.1(a)(2) and 16100.1(a)(2) of the Business and Professions Code. To do so, please fill out the section on the back of this form.

<b>1st Owner Name</b> _____	<b>Title</b> _____	<b>Date of Birth</b> _____
<b>Home Address</b> <small>(Cannot be P.O. Box)</small>	_____	<b>Driver Lic. No.</b> _____
<b>Home Phone No.</b> _____	<b>Cell No.</b> _____	<b>ITIN/Other ID No.</b> _____
<b>Home Address</b>	_____	<b>Email Address</b> _____
<b>2nd Owner Name</b> _____	<b>Title</b> _____	<b>Date of Birth</b> _____
<b>Home Address</b> <small>(Cannot be P.O. Box)</small>	_____	<b>Driver Lic. No.</b> _____
<b>Home Phone No.</b> _____	<b>Cell No.</b> _____	<b>ITIN/Other ID No.</b> _____
<b>Home Address</b>	_____	<b>Email Address</b> _____

**In case of emergency, please contact (attach additional sheet, if necessary)**

<b>Contact Name</b> _____	<b>Phone No.</b> _____
<b>Address</b> _____	<b>Cell No.</b> _____

**Property Owners Information (attach additional sheet, if necessary)**

<b>Name</b> _____	<b>Phone No.</b> _____
<b>Address</b> _____	

**PREVIOUS YEAR INFORMATION - CONFIDENTIAL**

Gross Receipts

Sales Tax Paid

Gross Annual Payroll

Square Footage of Business

Number of Employees  
Full-Time  Part-Time

Do you anticipate using any sub-contractors  Yes  No

Do you use or process any hazardous materials which may be reportable under the provisions of the City's Hazardous Materials Disclosure Ordinance?  Yes  No  
If yes, see section on reverse side.

**BUSINESS TAX FEE**

Base Fee	<input type="text"/>	Fire Dept. Insp. Fee	<input type="text"/>
Est. Gross Receipts Tax	<input type="text"/>	Name and/or Address Change	<input type="text"/>
Vehicle Tag	<input type="text"/>	Coin Operated Vending Machines	<input type="text"/>
Insp. Fee (One Time Only)	<input type="text"/>	Penalty	<input type="text"/>
Partner or Professional \$35.00 each	<input type="text"/>	Processing Fee	<input type="text"/>
Each Other Employee \$5.00 each	<input type="text"/>	State CASp Fee	\$ 4.00
Each Apt. Unit Over 3 \$6.50 each	<input type="text"/>	<b>TOTAL DUE</b>	<b>\$ <input type="text"/></b>

**NOTICE:** 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: The Division of the State Architect at [www.dgs.ca.gov/dsa](http://www.dgs.ca.gov/dsa) - The Department of Rehabilitation at [www.dor.ca.gov](http://www.dor.ca.gov) - The California Commission on Disability Access at [www.ccda.ca.gov](http://www.ccda.ca.gov).

I declare under penalties of perjury that this application and any attachments thereto, have been examined by me, and to the best of my knowledge and belief represent a true, correct and complete statement of facts.

Signature of Owner or Representative: \_\_\_\_\_ Date: \_\_\_\_\_

RETURN APPLICATION TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO CITY OF LA HABRA

SERVICE OF PROCESS ADDRESS, PURSUANT TO AB2184 - AVAILABLE FOR PUBLIC INSPECTION

If you wish to protect your residential address with a different service of process address, please provide it here.

NOTE - if your service of process address is a post office box or private mailbox, it must comply with paragraph(2) of subdivision (b) of Section 17538.5 of the California Business and Professions Code.

Service of Process Address

Residential Address to protect [ ] Business Location [ ] Mailing Address [ ] Owner/Partner/Officer Address

PLEASE COMPLETE THE FOLLOWING INFORMATION

Name of Business: \_\_\_\_\_

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

NPDES PERMIT REQUIREMENTS:

Are you a business that is a regulated industry with storm water discharge requirements in accordance with the SB 205 NPDES permit program?

Yes [ ] No [ ]. If yes, please provide the NPDES /WDID # and SIC # below.

NPDES / WDID Permit # \_\_\_\_\_

SIC # \_\_\_\_\_

\* Do you have an approved Storm Water Pollution Plan on-site? Yes [ ] No [ ]

\* Do you have a Spill Prevention Program in place? Yes [ ] No [ ]

Describe the primary business activities that will take place in the City

Complete Supplemental NPDES/ SB 205 Form (Required)

City Use Only Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

About what percent of your activities occur outdoors? \_\_\_\_\_

BUSINESS ACTIVITY INFORMATION:

Hours of Operation: \_\_\_\_\_

If business has a separate STORAGE OR CORPORATION YARD, indicate the location:

Do you have any other City Permits? (i.e. CUP, ZV, etc) Yes [ ] No [ ]

LOT SIZE:

\* Single Business Lot: Enter total square feet of lot: \_\_\_\_\_

\* Multi-Tenant Lot Enter total square feet of business: \_\_\_\_\_

Is Company Headquartered in La Habra? Yes [ ] No [ ] If no, where is the headquarter? \_\_\_\_\_

CEO/CCO Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone No.: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

PUBLIC SAFETY BUSINESS LICENSE INFORMATION (additional permits may be required)

Alarm System? Burglar Alarm System: Yes [ ] No [ ] Fire Alarm System: Yes [ ] No [ ]

Burglar Alarm Company Name: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ License No.: \_\_\_\_\_

Installation Date: \_\_\_\_\_

Fire Alarm Company Name: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ License No.: \_\_\_\_\_

Installation Date: \_\_\_\_\_

Please list any HAZARDOUS MATERIALS used, stored, or transported? \_\_\_\_\_

Will your business have PUBLIC ASSEMBLY over 50 people? Yes [ ] No [ ] (Fire Inspection Permit Required) (Restaurant, bar, theatre, bowling, etc.)

Is the business involved in any way with FIREARMS or EXPLOSIVES? Yes [ ] No [ ]

Does the business dispense or sell ALCOHOLIC BEVERAGES? Yes [ ] No [ ]

HOME OCCUPATION

La Habra Home Business Yes [ ] No [ ] If yes, complete the following questions:

1. Home Occupation Permit Control No. \_\_\_\_\_

2. Home Occupation Permit Approved Date: \_\_\_\_\_

NOTE: When you have filled out this form, signed it, and paid the correct tax, you will be given a receipt. The receipt is not a business license. Payment of a business license tax and issuance of a Business License do not entitle you to conduct any illegal business or operations, or violate any applicable federal, state or local laws or regulations .

As the owner or operator you must comply will all applicable zoning and public safety regulations and obtain all required permits .

Issuance of a business license does not authorize remodeling or tenant improvement without first obtaining plan review, building permits or inspections by the Building and Safety Division. For details on these or related construction issues, please contact the Building and Safety Division at (562) 383-4116.