



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.

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

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

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

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

Contact Name _____	Phone No. _____
Address _____	Cell/Pager No. _____

Property Owners Information (attach additional sheet, if necessary)

Name _____	Phone No. _____
Address _____	

PREVIOUS YEAR INFORMATION - CONFIDENTIAL

Gross Receipts	<input style="width: 100%;" type="text"/>
Sales Tax Paid	<input style="width: 100%;" type="text"/>
Gross Annual Payroll	<input style="width: 100%;" type="text"/>
Square Footage of Business	<input style="width: 100%;" type="text"/>
Number of Employees	
Full-Time	<input style="width: 50%;" type="text"/>
Part-Time	<input style="width: 50%;" type="text"/>

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 style="width: 100%;" type="text"/>	Fire Dept. Insp. Fee	<input style="width: 100%;" type="text"/>
Est. Gross Receipts Tax	<input style="width: 100%;" type="text"/>	Name and/or	<input style="width: 100%;" type="text"/>
Vehicle Tag	<input style="width: 100%;" type="text"/>	Address Change	<input style="width: 100%;" type="text"/>
Insp. Fee (One Time Only)	<input style="width: 100%;" type="text"/>	Coin Operated	<input style="width: 100%;" type="text"/>
Partner or Professional \$35.00 each	<input style="width: 100%;" type="text"/>	Vending Machines	<input style="width: 100%;" type="text"/>
Each Other Employee \$5.00 each	<input style="width: 100%;" type="text"/>	Penalty	<input style="width: 100%;" type="text"/>
Each Apt. Unit Over 3 \$6.50 each	<input style="width: 100%;" type="text"/>	Processing Fee	<input style="width: 100%;" type="text"/>
		State CASp Fee	\$ 4.00
		TOTAL DUE	\$ <input style="width: 100%;" type="text"/>

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/Home.aspx - The Department of Rehabilitation at www.rehab.cahwnet.gov - The California Commission on Disability Access at www.cdda.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.

PLEASE COMPLETE THE FOLLOWING INFORMATION

Name of Business: _____

Business Address: _____

NPDES PERMIT REQUIREMENTS:

- * **WDID NO.:** _____
- * Do you have an approved Storm Water Pollution Plan on-site? **Yes** **No**
- * Do you have a Spill Prevention Program in place? **Yes** **No**
- * Assessors Parcel No. (APN) _____



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 with 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.