



# CITY OF HERMOSA BEACH

1315 Valley Drive • Hermosa Beach, California 90254  
Attn: Business License • (310) 318-0206 • FAX (310) 937-5959

• Please Check One •

- NEW APPLICATION
- CHANGE OF OWNER
- CHANGE OF ADDRESS
- CHANGE OF BUS NAME
- HOME OCCUPATION

## BUSINESS LICENSE APPLICATION

<b>Business Name</b> _____ <b>Corporate Name</b> _____ <small>(If Different)</small> <b>Business Location</b> _____ <small>(Not P. O. Box)</small> City _____ State _____ Zip _____ <b>Bus. Phone ( )</b> _____ <b>Mailing Address</b> _____ <small>(For Service of Process/Legal Notification)</small> City _____ State _____ Zip _____	<b>• OFFICIAL USE ONLY •</b> <b>LICENSE NO.</b> _____ <b>EXPIRATION DATE</b> _____ <b>SIC CODE</b> _____ <b>RATE TYPE</b> _____ <b>REGISTER DATE</b> _____ <b>CHECK#</b> _____ <input type="checkbox"/> CASH <input type="checkbox"/> CREDIT CARD
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**Ownership:**  Corporation  Partnership  Trust  
 Sole Proprietor  Ltd Liability Corp.

**Tax ID. No., CA Driver's License or ID, or Social Security No. (SSN is optional)** \_\_\_\_\_

*(CONFIDENTIAL)*

Start Date	Description of Business

**Bus. Fax ( )** \_\_\_\_\_ **Email Address** \_\_\_\_\_ **Website** \_\_\_\_\_

**State Lic. No.** \_\_\_\_\_ **License Type** \_\_\_\_\_ **Resale No.** \_\_\_\_\_

**PERSONAL INFORMATION - Enter below names of Owners, Partners, or Corporate Officers - Use Additional Sheets as necessary**

**Owner Name** \_\_\_\_\_ **Title** \_\_\_\_\_ **Phone ( )** \_\_\_\_\_

**Home Address\*** \_\_\_\_\_ **Cell Phone ( )** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Owner Name** \_\_\_\_\_ **Title** \_\_\_\_\_ **Phone ( )** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **Cell Phone ( )** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*\*Home Address is confidential if applicant provides a different address pursuant to paragraph (2) of subdivision (b) of Section 17538.5 of the Business and Professions Code.*

**Emergency Notification - In case of an emergency and I cannot be reached, please call:**

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_ **Phone ( )** \_\_\_\_\_

**Address** \_\_\_\_\_ **Cell Phone ( )** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Alarm System (if applicable)**

**Name** \_\_\_\_\_ **Phone ( )** \_\_\_\_\_

**Address** \_\_\_\_\_ **License No.** \_\_\_\_\_

**PLEASE FILL IN THE APPROPRIATE BOXES BELOW AND SIGN ON REVERSE SIDE**

**FOR CITY USE ONLY**

GROSS RECEIPT TAX IS CONFIDENTIAL

<b>Gross Receipts</b> <input style="width: 150px;" type="text" value="\$"/> <small>(CONFIDENTIAL)</small> <b>Number of Employees</b> Full Time <input type="text"/> Part Time <input type="text"/> <b>Number of Vehicles</b> <input type="text"/> <b>Total Number of Units</b> <input type="text"/> <b>Owner Exempt Unit</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Number of Days Open after 12 AM</b> <input type="text"/> <b>Circle the Days Open after 12 AM</b> Mon. Tues. Wed. Thurs. Fri. Sat. Sun. <b>Number of Vending Machines</b> <input type="text"/>	<small>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 <a href="http://www.dgs.ca.gov/dsa/Home.aspx">www.dgs.ca.gov/dsa/Home.aspx</a> - The Department of Rehabilitation at <a href="http://www.rehab.cahwnet.gov">www.rehab.cahwnet.gov</a> - The California Commission on Disability Access at <a href="http://www.cdda.ca.gov">www.cdda.ca.gov</a>.</small>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">Base Tax</td><td style="width: 50%; text-align: right;">\$</td></tr> <tr><td>Gross Receipt Tax</td><td style="text-align: right;">\$</td></tr> <tr><td>(Credit)</td><td style="text-align: right;">\$</td></tr> <tr><td>Vehicle/Unit Tax</td><td style="text-align: right;">\$</td></tr> <tr><td>Vending Machine Tax</td><td style="text-align: right;">\$</td></tr> <tr><td>Employee Tax</td><td style="text-align: right;">\$</td></tr> <tr><td>Surcharge</td><td style="text-align: right;">\$</td></tr> <tr><td>State CASp Fee</td><td style="text-align: right;">\$ 4.00</td></tr> <tr><td>Clean Bay Fee</td><td style="text-align: right;">\$</td></tr> <tr><td>Application Fee</td><td style="text-align: right;">\$</td></tr> <tr><td><b>TOTAL AMOUNT DUE</b></td><td style="text-align: right; border: 2px solid black;"><b>\$</b></td></tr> </table>	Base Tax	\$	Gross Receipt Tax	\$	(Credit)	\$	Vehicle/Unit Tax	\$	Vending Machine Tax	\$	Employee Tax	\$	Surcharge	\$	State CASp Fee	\$ 4.00	Clean Bay Fee	\$	Application Fee	\$	<b>TOTAL AMOUNT DUE</b>	<b>\$</b>
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*Thank you for doing business in the City of Hermosa Beach*

**PLEASE MAKE CHECK PAYABLE TO THE CITY OF HERMOSA BEACH**

**PLEASE READ AND SIGN THE APPLICABLE AREAS LISTED BELOW**

Name

I UNDERSTAND THAT THE ISSUANCE OF THIS BUSINESS LICENSE IS SOLELY FOR REVENUE PURPOSES AND IS NOT INTENDED FOR REGULATION. THE INFORMATION CONTAINED IN THE APPLICATION, OTHER THAN HOME ADDRESS\*, CA DRIVERS LICENSE OR ID NO., SSN, OR GROSS RECEIPT INFORMATION, IS NOT CONSIDERED CONFIDENTIAL. THE APPLICANT UNDERSTANDS AND ACKNOWLEDGES THAT THE REQUIREMENTS OF THE CALIFORNIA PUBLIC RECORDS ACT (GOVERNMENT CODE SEC. 6250 ET SEQ.) MAY REQUIRE DISCLOSURE UPON RECEIPT OF A PROPER REQUEST.

Signature \_\_\_\_\_ Date \_\_\_\_\_

ANY BUSINESS CLASSIFIED AS A HOME OCCUPATION SHALL BE ISSUED AN EXCERPT FROM ORDINANCE #86-865, WHICH SETS FORTH THE RULES AND REGULATIONS THAT GOVERN HOME OCCUPATION

I HAVE READ SAID RULES AND REGULATIONS AND AGREE TO ABIDE BY SAME:

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Fire Department Use Only**

Approved  Denied Date \_\_\_\_\_ Inspector \_\_\_\_\_

**Reinspection:**

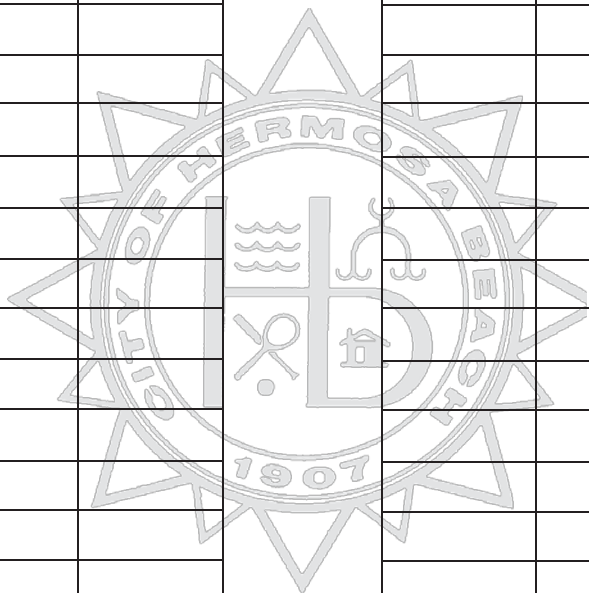
Approved  Denied Date \_\_\_\_\_ Inspector \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**FINANCE USE ONLY**

EFFECTIVE FROM	EFFECTIVE TO	AMOUNT PAID	REGISTER DATE

EFFECTIVE FROM	EFFECTIVE TO	AMOUNT PAID	REGISTER DATE



License No.