



# CITY OF HERMOSA BEACH

DRAFT

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

## BUSINESS LICENSE APPLICATION

New Application    Change of Owner    Change of Business Name    Home Occupation

Business Name: \_\_\_\_\_ License Type: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Business Email: \_\_\_\_\_

State License Number: \_\_\_\_\_ Tax ID: \_\_\_\_\_ Number of Vending Machines: \_\_\_\_\_

Ownership:  Corporation    Partnership    Trust    Sole Proprietor    Ltd Liability Corp.

Number of Employees: Full-time \_\_\_\_\_ Part-Time \_\_\_\_\_ Number of Vehicles: \_\_\_\_\_

Total Number of Units: \_\_\_\_\_ Owner Exempt Unit  Yes  No

Gross Receipts: \_\_\_\_\_ \*Proof must be provided.

Number of Days Open after 12 AM \_\_\_\_\_

Check the Days Open after 12AM  Mon  Tues  Wed  Thurs  Fri  Sat  Sun

Description of Business:

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

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

Owner Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner Name \_\_\_\_\_ Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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](http://www.dgs.ca.gov/dsa/Home.aspx) - The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov) - The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov).

I, (print) \_\_\_\_\_ 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 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: \_\_\_\_\_

Business License Number: \_\_\_\_\_