



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.

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 _____	
City _____ State _____ Zip _____		Bus. Start Date _____	
Mailing Address		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)

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.

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

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

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

Property Owners Information (attach additional sheet, if necessary)

Name _____	Phone No. _____
Address _____	

PREVIOUS YEAR INFORMATION - CONFIDENTIAL

Gross Receipts	_____
Sales Tax Paid	_____
Gross Annual Payroll	_____
Square Footage of Business	_____
Number of Employees	
Full-Time	_____
Part-Time	_____

BUSINESS TAX FEE

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

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.

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 - The Department of Rehabilitation at www.dor.ca.gov - The California Commission on Disability Access at 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.