



# CITY OF SEAL BEACH

## APPLICATION FOR BUSINESS LICENSE

Chapter 5.10 of the Seal Beach Municipal Code provides that it shall be unlawful for any person to conduct or carry on any business, trade, profession, calling or occupation within the City of Seal Beach without obtaining a business license and paying the required fee. In order to obtain your business license, you are required to complete this application and the attached forms before submitting them to the Finance Department. No license will be issued until this form is filed and approved and the license fee is paid in full.

**Business Name** \_\_\_\_\_

**Business Location** \_\_\_\_\_

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

**Mailing Address** \_\_\_\_\_

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

**Business Phone** \_\_\_\_\_ **Business Fax** \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

**Ownership:**  Corporation  Partnership  Individual

Start Date	Description of Business

**Business Types:**  Retail  Service  Professional  Wholesale/Manufacture  Home Occupation  Res./Com. Rental

**State Lic. No.** \_\_\_\_\_ **License Type** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

**Resale No.** \_\_\_\_\_ **Federal I.D. No.** \_\_\_\_\_ **State I.D. No.** \_\_\_\_\_

**Below this line, enter Names of Owners, Partners, or Corporate Officers – Use Additional Sheets if necessary.**

**Owner Name** \_\_\_\_\_ **Title** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Mailing Address (if different from above)** \_\_\_\_\_

**Social Security No.** \_\_\_\_\_ **Driver's License No.** \_\_\_\_\_

**Owner Name** \_\_\_\_\_ **Title** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Mailing Address (if different from above)** \_\_\_\_\_

**Social Security No.** \_\_\_\_\_ **Driver's License No.** \_\_\_\_\_

**In case of emergency, please contact:**

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **Hrs of Operation** \_\_\_\_\_

**Do you have an Alarm System?** Yes / No (If Yes, alarm must be registered with SBPD) **Permit No.** \_\_\_\_\_

<b>PROVIDE THE FOLLOWING INFORMATION:</b>
No. of Professionals _____
No. of Employees _____
No. of Ind. Contractors _____
No. of Vehicles _____
No. of Units _____
No. of Vending Machines _____
No. Game Machines _____

<b>CHECK ONE:</b>	<input type="checkbox"/> Money Lending	<input type="checkbox"/> Sell club plans & memberships
<input type="checkbox"/> Commission or Brokerage	<input type="checkbox"/> Advertising Service	<input type="checkbox"/> None of these Categories
<input type="checkbox"/> Real Estate Agent	<input type="checkbox"/> Manufacture/Process/Fabricate	

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

\_\_\_\_\_  
**Print Name** \_\_\_\_\_ **Title** \_\_\_\_\_

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

<b>Please Check One:</b>
<input type="checkbox"/> New Application
<input type="checkbox"/> Change of Owner
<input type="checkbox"/> Change of Business Name
<input type="checkbox"/> Home Occupation

<b>FOR OFFICE USE ONLY:</b>
License # _____
Customer # _____
License Type _____
Lot # _____
Account # _____
By _____
<b>Reviewed &amp; Approved By:</b>
Bus. Lic. Dept. _____ / _____
Com. Dev. Dept. _____ / _____
Eng. Dept. _____ / _____
OCHCA _____ / _____
Home Occ. Req'd Yes No



# CITY OF SEAL BEACH

## BUSINESS OCCUPANCY APPLICATION FORM

<b>PROPERTY</b>	Building Address _____ Suite/Unit _____ Area Occupied _____ sq. ft.
	Building Owner/Manager _____ Phone _____
	Contact Person _____ Phone _____
	Building Owner's Mailing Address _____

<b>BUSINESS</b>	Business Name _____ Phone _____
	Business Owner <i>(as It is to appear on business license)</i> _____
	Business Description _____
	Previous Use _____ Vacant Since _____ Restaurant Uses: No. of Seats _____

Applicant: \_\_\_\_\_  
(print) (sign) date)

**DO NOT WRITE BELOW THIS LINE – FOR CITY USE**

### PLANNING

ZONE \_\_\_\_\_ CUP \_\_\_\_\_ VARIANCE \_\_\_\_\_

USE \_\_\_\_\_

RESTRICTIONS \_\_\_\_\_

Permitted use at this location. Proceed with application  
 Not allowed unless a CUP is first obtained  
 Not a permitted use at this location. DO NOT PROCEED  
 Permitted subject to specified restrictions  
 Planner \_\_\_\_\_ Date \_\_\_\_\_

### ENGINEERING

Non-FSE  
 FSE Exempt  
 Full FSE – Case: 1 2 3  
 Not connected to City Sewer System

COMMENTS: \_\_\_\_\_

Engineer \_\_\_\_\_ Date \_\_\_\_\_

### BUILDING

**C of O on File:**

 Yes - Number \_\_\_\_\_  
 No - New Certificate of Occupancy Required  
 Inspection Required  
 Inspection NOT Required  
 Inspection Scheduled \_\_\_\_\_

Type of Business \_\_\_\_\_

Construction Type	Occupancy Group	Max. Occ. Load
Design Floor Live Load	T.I. Permit	Number of Exits

**BUILDING APPROVAL** \_\_\_\_\_ **DATE** \_\_\_\_\_



# CITY OF SEAL BEACH

## ACKNOWLEDGEMENT OF WORKERS COMPENSATION INSURANCE FORM

Business Name \_\_\_\_\_

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

My signature on this form acknowledges I understand that under California Law, I am required to carry workers' compensation insurance for my employees at all times.

I further understand that my failure to have the appropriate coverage will subject me to civil penalties of \$10,000 per employee who is not covered by workers' compensation AND criminal penalties of up to one year in jail and/or a fine of up to \$10,000.

I know that even if I don't have employees right now, I will be required to get workers' compensation coverage as soon as I have one or more employees.

Name \_\_\_\_\_ Title \_\_\_\_\_

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

## Required Stormwater Quality Information

### CITY BUSINESS LICENSE SUPPLEMENTAL APPLICATION

#### IS YOUR BUSINESS INVOLVED IN ANY OF THE FOLLOWING ACTIVITIES? (Circle Yes or No)

Business Type/Activity	Involved
1. Eating or drinking establishments, such as restaurants and food markets.	Yes – No
2. Industrial facilities involved in manufacturing or production.	Yes – No
3. Automobiles, airplanes, boats, vehicles or equipment - <ul style="list-style-type: none"> <li>• repair</li> <li>• fueling</li> <li>• body work</li> <li>• painting and coating</li> <li>• maintenance</li> <li>• cleaning</li> <li>• impound or storage facility (automobile only)</li> </ul>	Yes – No
4. Building and landscape maintenance (including sales and storage) - <ul style="list-style-type: none"> <li>• landscape and hardscape installation</li> <li>• painting and coating</li> <li>• building material storage facility</li> <li>• portable sanitary service facilities (facility within city boundaries)</li> <li>• pool, lake and fountain cleaning</li> <li>• building material retail sales facility</li> <li>• pest control service facility (facility within city boundaries)</li> </ul>	Yes – No
5. Plants or animals/insects - <ul style="list-style-type: none"> <li>• nurseries</li> <li>• pest control service facility (facility within city boundaries)</li> <li>• greenhouses</li> <li>• animal facilities such as petting zoos and boarding and training facilities</li> </ul>	Yes – No
6. Painting and coating.	Yes – No
7. Transport, storage or transfer of pre-production plastic pellets.	Yes – No
8. Golf courses.	Yes – No
9. Mobile Cleaning Service.	Yes – No
<p><b>IF ALL ANSWERS WERE “NO”,</b> please sign the following certification statement and nothing else.            “I certify that my business does not engage in any of the above mentioned activities.”</p> <p>Business Name _____ Type of Business _____</p> <p>Print Name _____ Signature _____ Date _____</p>	

#### IF YOU ANSWERED “YES” AT LEAST ONCE, please complete the sections below.

Business Name:	Site Address:
Responsible Individual:	Phone Number:
Please list the activities that take place at your business:	
What percent of your activities occur outdoors?    a. 0%                      b. Less than 25%                      c. 25-75%                      d. 75-100%	
What is the approximate size of your site? _____ sq. ft. _____ acres	
What percent of the business property’s surface area is impervious? (hard surfaces such as pavement and roofing) _____ %	
<p><b>READ AND SIGN IF YOU ANSWERED “YES” ON THIS PAGE AT LEAST ONCE</b></p> <p>“I, the undersigned, hereby state that I have read, understand and will comply with all rules and regulations of storm water runoff pollution prevention including federal, state, and local regulations.</p> <p>I am also aware that any violations to the water quality regulations, whether ongoing or intermittent, may result in additional enforcement action in accordance with the City’s Water Quality Ordinances including possible fines of \$100 for the first violation, \$200 for a second violation, and \$500 for each additional violation. Payment of the fine shall not excuse the failure to correct the violation nor shall it bar further enforcement action by the City. Additional enforcement actions include administrative abatement, civil penalties, revocation of permits, recordation of notice of violation, withholding of future municipal permits, criminal prosecution and/or civil injunction, and order for reimbursement including costs of inspection, investigation and monitoring, cost of abatement, legal expenses, and cost relating to the restoration of the environment.</p> <p>I am also authorized to act on behalf of the firm and will relay this information to the appropriate personnel who perform any of the above-mentioned activities.”</p> <p>Print Name _____ Signature _____ Date _____</p>	

#### TO AID YOUR BUSINESS IN COMPLYING WITH STORMWATER QUALITY REGULATIONS:

Best Management Practice (BMP) Fact Sheets are provided by the County to educate you and your staff in preventing stormwater pollution. These Fact Sheets address a wide range of business activities, such as vehicle washing, outdoor storage and waste handling and are available to print and download free of charge at [http://www.ocwatersheds.com/StormWater/documents\\_bmp\\_intro.asp](http://www.ocwatersheds.com/StormWater/documents_bmp_intro.asp)



# South Coast

## Air Quality Management District

21865 E. Copley Drive, Diamond Bar, CA 91765-4182

(909)396-3529 • <http://www.aqmd.gov>

### Air Quality Permit Checklist

*(Required form for all business licenses)*

California State Law Code 65850.2 prohibits cities from issuing an occupancy permit to a business without clearance from the local air quality agency. This checklist will determine if you need to obtain clearance from the South Coast Air Quality Management District (AQMD).

Company Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Applicant (print name): \_\_\_\_\_ Signature: \_\_\_\_\_

• Will the facility have any of the following equipment?  Yes  No

Charbroiled

Dry cleaning machine

Spray booth

Printing press (screen/lithographic/flexographic)

Internal combustion engine greater than 50 HP (excluding motor vehicles)

Boiler/combustion equipment (greater than 1 million BTU/hr. maximum input)

Abrasive blasting cabinet/room

Baghouse/cartridge-type dust filter/scrubber

Motor fuel storage and dispensing equipment

• Will any of the following operations be performed?  Yes  No

Application of paints or adhesives

Etching, plating, casting, or melting of metals

Molding, extruding, or curing of plastics

Mixing and blending of liquids and/or powders

Storage of acids, solvents, organic liquids, or fuels

Production of fumes, dust, smoke, or strong odors

If you answered "No" to both questions, this checklist is your clearance from AQMD. If you answered "Yes" to either question, you must contact AQMD to determine if air quality permits are required. If permits are needed, AQMD will assist you in submitting permit application(s) and then provide you with a clearance letter. You can call AQMD at their Small Business Assistance Office at (800)388-2121.