



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 Type: Retail Service Professional Wholesale/Manufacturer Home Occupation Res./Com. Rental

State Lic. No. _____ **License Type** _____ **Expiration Date** _____

Resale No. _____ **Federal Tax I.D. No.** _____ **State Tax 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.** _____

PROVIDE THE FOLLOWING INFORMATION:

No. of Professionals _____

No. of Employees _____

No. of Ind. Contractors _____

No. of Vehicles _____

No. of Units _____

No. of Vending Machines _____

No. Game Machines _____

CHECK ONE:

Money Lending Sell club plans & memberships

Commission or Brokerage Advertising Service None of these Categories

Real Estate Agent 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** _____

Please Check One:

New Application

Change of Owner

Change of Business Name

Home Occupation

FOR OFFICE USE ONLY:

License # _____

Customer # _____

License Type _____

Lot # _____

Account # _____

By _____

Reviewed & Approved By:

Bus. Lic. Dept. _____ / _____

Com. Dev. Dept. _____ / _____

Eng. Dept. _____ / _____

OCHCA _____ / _____

Home Occ. Req'd Yes No



CITY OF SEAL BEACH

BUSINESS OCCUPANCY APPLICATION FORM

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

BUSINESS	Business Name _____ Phone _____
	Business Owner (as It is to appear on business license) _____
	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 – Case 1
 Full FSE – Case: 2 3 4
 Not connected to City Sewer System

COMMENTS: _____

Engineer _____ Date _____

BUILDING

C of O on File:

 C of O NOT Required – Home Occupation.
 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 _____