



# 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.

**Please Check One:**

New Application  
 Change of Owner  
 Change of Business Name  
 Home Occupation

**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

**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

**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** \_\_\_\_\_



# 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 – 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 \_\_\_\_\_

**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 Copley Drive, Diamond Bar, CA 91765-4182

## Small Business Assistance Office

1-800-388-2121

smallbizassistance@aqmd.gov

www.aqmd.gov

# Air Quality Permit Checklist

South Coast Air Quality Management District (SCAQMD) developed this Air Quality Checklist as a screening evaluation tool in the process required by California Government Code Section 65850.2. Please provide a response to all questions on this checklist.

If you have any question or need assistance completing this checklist, please contact the SCAQMD's Small Business Assistance Office, and a representative will help you complete the information in the checklist. SCAQMD may decline to issue this form due to lack of information from applicant.

NOTE: If there are any demolition or renovation activities that may disturb building materials, please contact the Asbestos Hotline at 909-396-2336.

### Section A - Operator/Business Information

1. Business Name:	
2. Address:	
Street _____	City _____ CA _____ Zip _____
3. Contact Name:	Telephone Number:
Title:	Email:

### Section B - Facility Business Information/Business and Equipment Description

Please provide a detailed description of the business operations to be performed and equipment to be used at this location:

### Section C - Checklist Questionnaire

Please respond to all questions as it relates to the business activities to be performed at this location. Will business operations at this location:

1. Result in the release of air pollutants, including but not limited to, dust, fumes, gas, mist, odors, smoke, vapor, or a combination of these to the atmosphere? Yes No
2. Result in the use of fuel-burning equipment including, but not limited to, boilers, generators, and internal combustion engines? Yes No
3. Result in the use of hazardous materials, including but not limited to, chemicals, plastics, rubber, resins, solvents, paints, and parts cleaners? Yes No

**Section C - Checklist Questionnaire (continued)**

4. Result in the use of an above or underground storage tank? Yes No
5. Consist of manufacturing, fabrication, finishing, or treatment of wood, metal or plastic products: Yes No
6. Result in the use of any of the equipment listed below: Yes No  
(Select all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Abrasive Blasting Cabinet/Room<br><input type="checkbox"/> Air Conditioning Systems (containing > 50 lbs of refrigerant)<br><input type="checkbox"/> Application of Paints/Adhesives/Resins<br><input type="checkbox"/> Baghouse/Dust Collector<br><input type="checkbox"/> Bakery Oven (gas-fired)<br><input type="checkbox"/> Boiler/Water Heater (max. heat input = or > 1 million BTU/hr)<br><input type="checkbox"/> Charbroiler/Smoker<br><input type="checkbox"/> Coffee Roaster/Afterburner<br><input type="checkbox"/> Deep Fryer (excluding equipment located at eating establishments)<br><input type="checkbox"/> Dry Cleaning Equipment<br><input type="checkbox"/> Electrostatic Precipitator<br><input type="checkbox"/> Etching/Plating/Casting/Melting/Forging/Grinding/Cutting of Metals<br><input type="checkbox"/> Fermentation<br><input type="checkbox"/> Gasoline Storage & Dispensing Equipment<br><input type="checkbox"/> Internal Combustion Engine (rated > 50 bhp; e.g. back-up generator)<br><input type="checkbox"/> Mixing/Blending of Liquids and/or Powders<br><input type="checkbox"/> Molding/Extruding/Curing of Plastics<br><input type="checkbox"/> Pharmaceutical/Nutraceutical<br><input type="checkbox"/> Plasma/Laser Cutter<br><input type="checkbox"/> Printing/Coating/Drying<br><input type="checkbox"/> Production of Fumes/Dust/Smoke/Odors<br><input type="checkbox"/> Refrigeration Systems (containing > 50 lbs of refrigerant) | <input type="checkbox"/> Soldering Oven<br><input type="checkbox"/> Spray Booth<br><input type="checkbox"/> Storage of Acids/Solvents/Organic Liquids/Fuels<br><input type="checkbox"/> Storage Silos (sugar, flour, etc.) |
|--|--|

**Section D - Business Self Certification**

7. Preparer:	Title:	
Signature:	Date:	Telephone Number:

*I hereby certify by my signature above that, I am a duly authorized representative of the above-named business, and that all information contained herein is true and correct.*

<b>SCAQMD USE ONLY</b>	Equipment:	Issued By:
	<input type="checkbox"/> Applicant has permit(s) from the SCAQMD:	
	<input type="checkbox"/> Applicant has filed for permit(s) with the SCAQMD:	
	<input type="checkbox"/> Applicant is exempt from permit requirements:	
	<input type="checkbox"/> Applicant has complied with filing requirements of R222:	
	<input type="checkbox"/> Based on the information provided, no equipment/process requiring air quality permit or registration.	