



CITY OF SEAL BEACH
BUSINESS LICENSE SECTION
211 EIGHTH STREET
SEAL BEACH, CA 90740
(562) 431-2527 EXT 1314 Fax (562) 493-9857
mmarquez@sealbeachca.gov

ONE DAY BUSINESS LICENSE APPLICATION

BUSINESS NAME: _____

APPLICANT ADDRESS: _____

APPLICANT TELEPHONE NUMBER: _____

APPLICANT E-MAIL ADDRESS: _____

FEDERAL TAX ID#: _____

CONTRACTOR'S LICENSE NO.: _____

DATE (S) OF EVENT/ PROJECT: _____

ADDRESS OF EVENT/PROJECT: _____

TYPE OF PRODUCT/WORK: _____

NAME OF APPLICANT: _____

SELLERS PERMIT# (If applicable): _____

FEES AS FOLLOWS:

BUSINESS LICENCE TAX IS \$25 PER DAY

NUMBER OF: _____ X $\frac{\$25.00}{\text{FEE AMOUNT}}$ = \$ _____
OF DAYS

X

SIGNATURE

DATE

OFFICE USE ONLY

ACCOUNT #: _____ ACCEPTED BY: _____ DATE: _____